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ABSTRACT

This document features four annual reports from 1988-89 to 1991-92 on a community college-nursing home partnership project undertaken by Shoreline Community College (SCC), in Washington. Each report provides a brief summary of the project and describes actions undertaken to achieve the following project objectives: (1) the establishment of mechanisms to foster communication between SCC, nursing homes, and elder care centers to improve the quality of patient care; (2) the organization of faculty development activities that stimulate interest in gerontological caregiving careers; (3) the analysis of SCC's current curriculum to identify changes required to enhance program emphasis on gerontology; (4) the implementation of experiences designed to encourage graduate interest in gerontology; (5) the evaluation all project activities; and (6) reporting the evaluation of project processes and outcomes. The first report covers the project's second year (July 1, 1988-June 30,1989) and includes 12 appendixes providing information on project workshops and staff training sessions, evaluation forms for workshops and sessions, lists of related instructional films and videos, a preceptor handbook, course descriptions and outlines, and newsletters. The second report chronicles the efforts undertaken in the third year of the grant (July 1, 1989-June 30, 1990), while the final two reports cover efforts undertaken between July 1, 1990-June 30, 1992 when unused funds from the original 3-year grant were expended and in which an emphasis was placed on both nursing home staff and college faculty development. (MAB)

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ANNUAL REPORTS

1988 - 1992

Community College- Nursing Home Partnership: Improving Care Through Education

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Submitted to
W. K. Kellogg Foundation
By Shoreline Community College
Seattle, Washington

Celia L. Hartley M.N., R.N.
Project Director

Patricia M. Bentz, M.S.N., R.N., C.
Project Co-Facilitator

Janice R. Ellis, Ph.D., R.N.
Project Co-Facilitator

JC 930 527

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ANNUAL REPORT

July 1, 1988 - June 30, 1989

Community College - Nursing Home Partnership
Improving Care Through Education

Submitted to
The W.K. Kellogg Foundation
By Shoreline Community College
Seattle, Washington

Celia L. Hartley, M.N., R.N.
Project Coordinator

Patricia M. Bentz, M.S.N., R.N.
Project Facilitator

Shoreline Community College

ANNUAL REPORT TO THE W. K. KELLOGG FOUNDATION FOR PROJECT TITLED "THE COMMUNITY COLLEGE-NURSING HOME PARTNERSHIP: IMPROVING CARE THROUGH EDUCATION"

July 1, 1988 - June 30, 1989

This report covers the second year of a three-year grant to Shoreline Community College to improve care for the elderly through partnerships between community colleges and nursing homes. Shoreline, one of four demonstration sites selected to cooperate with a parent grant written by Ohlone College and College of Philadelphia, is located in the northwest corner of King County in Washington State. The College celebrated its 25th anniversary this year; the nursing program was initiated in 1966. The program has over 1600 graduates and now accepts a new class into the curriculum each academic quarter (fall, winter, and spring). As this curriculum design would suggest, all nursing courses are offered each academic quarter. Fall 1989, the program anticipates an enrollment of 190 students with the number climbing to over 200 by spring. Cooperating in the project at Shoreline are seven area nursing homes. This has increased by one during the past year, a situation that resulted when a preceptor for the management practicum accepted a position in another facility. It seemed wiser to add another partnership home than to lose a good preceptor.

Shoreline Community College is honored to have been selected to participate in a project that is as dynamic and far reaching as the Community College-Nursing Home Partnership. We hope that we have been able to enrich and impact the nursing home environment as much as we have been enriched and impacted as a faculty and a program through our grant activities. This report conveys a summary of those activities.

Objective I: Establish mechanisms that foster communication between the Shoreline associate degree nursing program, nursing homes and elder care centers and develop cooperative activities aimed at improving the quality of patient care.

Five of the six nursing homes included when grant activities began continue to be actively involved at the end of the second project year. One of the original nursing homes has undergone considerable administrative change and nurses there, until this month, have chosen not to be involved in any of this year's activities. They have remained on our mailing list and are contacted about all grant activities. Another nursing home has been added due to the change in place of employment of one of our preceptors, keeping the "active" total at six.

An opportunity to enhance communication occurred when we were invited to participate in the 25th anniversary celebration of one of our partnership nursing homes this year. The administrator, who is also a member of our program advisory committee, described their association with the Community College-Nursing Home Partnership in her introductory comments and indicated the positive outcomes they have seen. The celebration was attended by Patricia Bentz, our Project Facilitator, who felt privileged to be included in that "family" celebration.

The Shoreline Kellogg Advisory Committee has met twice this year, on November 30, 1988, and May 25, 1989. Through these meetings the Committee is kept apprised of the activities of the Community College-Nursing Home Partnership at Shoreline. In addition, we received many fine suggestions, several of which have been implemented. At the meeting on November 30th, the film "A Perspective of Hope," purchased with W. K. Kellogg funds and used as a part of our Nursing 100 course, was shown. It was received with much enthusiasm and precipitated a lively discussion. It has, since that showing, been loaned free of cost to several Partnership Homes, the University of Washington, and Yakima Valley Community College.

As the result of Project activities last spring, all students satisfactorily completing the first quarter of the program were eligible to receive nurse assistant certificates. As of January 1989, changes were made in the rules governing Nursing Assistant Training Programs in the state of Washington. The AIDS Omnibus Bill required 7 additional hours

of AIDS education and training. The legislation specified that instruction was to include epidemiology, pathophysiology, infection and control guidelines, testing and counseling, legal and ethical issues, medical records, clinical manifestations and diagnosis, treatment and disease management and psychosocial and special group issues. We were unable to provide this content within the time constraints of our Nursing 100 curriculum. All nursing homes in the State of Washington were also required to provide this content for the nursing assistants in their employ. At the suggestion/request of one of our Partnership nursing homes, we purchased (with W. K. Kellogg funds) a set of videotapes of a workshop which includes all of the required material. The Staff Development Director at one of our nursing homes set up a facilitated program using our videotapes which met an additional requirement that a facilitator be present when videotapes are used to provide the AIDS content. We asked if our students who wished to receive a nurse assistant certificate might attend the AIDS classes the nursing home presented. Students were invited to participate for a fee of $10 (others from the community are charged $20) and at this writing 13 students have taken advantage of this opportunity. The Education Specialist at the Licensing Division in Olympia has given permission for us to continue to award nurse assistant certificates to students who have successfully completed the first quarter of our program and who can provide documentation of their attendance at an approved AIDS course. This seems like a true "Partnership" to us.

On July 14, 1988, the first meeting of individuals responsible for and/or interested in staff development at our Partnership nursing homes was held. Subsequently, they have been held on a monthly basis. At the outset, we had essentially two tasks: to plan and implement the classes necessary to prepare preceptors for the first management practicum to be offered at the end of Fall Quarter; and to assess the felt needs of the nursing home staff developers regarding continuing education for their staff.

Three educational offerings for long term care personnel were offered on the Shoreline campus during the 1988-89 academic year. Because the practicum for our new course, Management Concepts in Nursing, requires that we have registered nurses in the participating nursing homes acting as preceptors, a Preceptor Preparation Workshop was

designed to provide the necessary knowledge and skills. The Preceptor Preparation Workshop will be discussed in detail under Objective III.

At the suggestion of one of the preceptors, a potluck dinner was scheduled for January 10, 1989, to network, share and evaluate the first quarter of the management practicum. The potluck was held in the Activities Kitchen at Foss Home and was so enthusiastically received that a second potluck was held on April 11th to network, evaluate winter quarter experiences, and plan for spring quarter. The potlucks have served to bring preceptors from the five participating nursing homes together to share ideas and experiences and also to bring faculty from the theory portion of the course together with the preceptors who assist the students to integrate management principles into practice. We expect to continue the potlucks in the future.

Marty Richards, M.S.W., A.C.S.W., a consultant on aging issues, presented "Challenges in Long Term Care" on February 23, 1989 (see Appendix I). Topics presented included understanding basic emotional needs; territory, space and control; communication; dealing with change--transitions to the nursing home; and loss and grief. Thirty-seven individuals attended, a mix of registered nurses, nursing students, licensed practical nurses, nursing assistants, social workers and others interested in the care of the older adult in the nursing home.

"Selected Management Concepts for Licensed Staff in Long Term Care" was presented in two-hour segments on four consecutive Tuesdays in May of 1989 (see Appendix II). Twenty-seven licensed personnel attended one or more of the segments. Several participants commented that they would like the opportunity to do something of this nature again.

In addition to the three opportunities for continuing education offered at Shoreline, two registered nurses who serve as S.C.C. preceptors were funded to attend a workshop - "Wellness and Aging: The Next Ten Years," offered by the American Society on Aging (see Appendix III). Three faculty members also attended, effecting an enhanced sense of colleagueship.

On March 1, Celia Hartley was the featured speaker at the monthly program meeting of the W.A.H.A. (Washington Association of Homes for the Aged) Staff Development Group. Her topic was "Basics of Class Presentation" (see Appendix IV). Several persons asked to be placed on our Project mailing list as a result of this endeavor.

Another faculty member, Barbara Van Droof, has given a total of three film/discussion presentations to the nursing staffs at two of our Partnership nursing homes. Videos used included "Prevention and Management of Aggressive Behavior in the Elderly" and "Meeting Mental Health Needs." These educational resources were purchased because of our involvement in the Community College-Nursing Home Partnership and are available for use by nursing homes in our community.

We feel we have been able to offer quality education to our Partnership homes and others who wish to attend. Certificates of participation are awarded at the completion of each offering. We plan to repeat some of these workshops in the coming year. Future plans (after grant activities are completed) are to move the best of these courses to the Shoreline Community College Continuing Education Program.

Students have participated in monitoring and evaluating the care of older adults in the facilities to which they are assigned by meeting Nursing 212 (Management Component) objectives 4, 5, 6, 8, 9, 10, 12, and 13 (see Appendix V). Several of the teaching projects (objective 13) were related directly to observations students had made concerning catheter care, feeding, ostomy care, (also the teaching of ostomy care to family members), transfer and the application of anti-embolic hose. One such project was even video-taped by the nursing home staff development department!

Representatives from two of our six participating nursing homes have attended inter-project meetings during the 1988-1989 academic year. Two attended the DACUM meeting in Chicago in August of 1988 and two attended the Orlando meeting in October of 1988. We have found that attendance at these meetings has increased the interest and enthusiasm of those who participate in this way. Unfortunately, the individual who attended both of the above meetings is no longer employed by one of our Partnership

nursing homes, although she remains in long term care and is in contact with us as a friend and guest lecturer.

We have purchased many films and videos since our participation in the Community College-Nursing Home Partnership began. Some are related directly to the older adult and some were purchased with a view toward improving the quality of materials used for the teaching of skills in our program. All are available for use at no cost to our Partnership nursing homes, other schools and interested organizations when not being used as a part of our own curriculum (see Appendix VI).

Objective II: Provide a specific structure and incentive for faculty development activities to stimulate interest in and acquire skills for educating those responsible for the care of elders.

The Northwest Geriatric Education Center (NWGEC) at the University of Washington continued to serve as a focus for many of the faculty development activities at Shoreline during the 1988-1989 academic year. Five faculty members attended the third Summer Institute on Aging held in July on the University of Washington campus. Throughout the year faculty continued to attend a variety of workshops and courses related to various aspects of gerontology and the care of the older adult in different settings. In all, fourteen faculty members, both full and part-time, attended 49 workshops or conferences (see Appendix VII). In addition, the project facilitator, Patricia Bentz, successfully sat for the American Nurses' Association gerontological nurse certification exam and a second faculty member will do so in October of this year. Professor Barbara Van Droof earned the Certificate of Study in Aging through the Institute on Aging at the University of Washington. This certificate recognized evaluated participation in approved residential and nonresidential courses, workshops, conferences, extension credit classes, general assignments and independent study courses.

One program provided for the faculty this year was Myers-Briggs testing and analysis, with a view toward developing more effective process as we work together as a total faculty and as members of teams. Our two faculty secretaries were included and the results were most helpful!

Faculty received both reimbursement and released time (if needed) to attend continuing education offerings during the 1988-1989 academic year. In addition, reimbursement and/or released time were provided for some faculty to engage in curriculum revision activities. Two faculty members organized a syllabus for the new management course, two faculty participated in teaching the preceptor preparation workshops, and two developed the preceptor handbook to be used for the first time fall, 1989 (see Appendix VIII).

Shoreline faculty participated in grant activities, receiving released time or reimbursement as indicated. Eleven faculty members attended the National Project meeting for faculty and directors of nursing in Orlando in the fall. Five faculty members and one nursing home representative participated by presenting workshops at that meeting. Janice R. Ellis and Patricia M. Bentz presented the process of developing "Management Concepts in Nursing," our newly initiated management course with practicum in the nursing home setting. Faculty members Barbara Van Droof, Ann Ross and Frances Terry, assisted by Virginia Scribner from CRISTA Senior Community discussed the longitudinal assignment of a nursing student to a nursing home resident. The Project Coordinator and Project Facilitator attended the National Staff Meeting in Los Gatos in May as well.

Interchange with other project faculty has been facilitated mostly in terms of long distance phone consultation. Group and individual contacts were also made at the National League for Nursing Convention held in Seattle in June, when Convention attendees from Partnership schools gathered together one evening for dinner.

Objective III: <u>Reexamine current curriculum to identify and describe changes necessary to enhance program emphasis on gerontology and the nursing role in long term care.</u>

Because Shoreline Community College joined the Community College-Nursing Home Partnership at a time when the program was initiating curriculum changes and because the program had incorporated some gerontology into the curriculum, many of the changes that should occur have now been built into the pattern of study. With the exception of the practicum experience for the new management course which is placed in a long term care

facility, all changes were implemented the first year of our grant. For review these included decreasing the credit hours in psychiatric nursing and moving it to the third quarter, developing a communication seminar to be taken concurrent with that quarter of study and planning a one-on-one experience with an elder client in a residential center for older adults; moving the first part of medical-surgical nursing to the fourth quarter, sequencing the second year, and examining the entire curriculum for gerontological content. The final change to be completed was initiated fall, 1988. Students who had completed the management theory the previous quarter were placed in a long term care facility with a staff nurse preceptor to implement the skills learned in theory. The time for this experience (32 hours) was taken from the time previously devoted to obstetrical experience. Of the total hours spent in the clinical environment in the Shoreline program (600 not counting skills laboratory) 132 are now in the long term setting. This represents an increase of 52 hours over the previous curriculum plan. This course has now been in place for one academic year.

The management practicum, while enhancing the students' understanding of the nursing home and assisting with their identification with the registered nurse role in that setting, has also provided opportunity for significant staff development in partnership homes. Classes were conducted to prepare the preceptors for their responsibilities. One eight hour day was spent providing a condensed but intensive overview of the management course. For some preceptors this may have been their only formal exposure to management concepts. The second day of the two day workshop focused on how one functions as a preceptor. The cost of replacing these staff members while they attended class was paid from the grant to each nursing home. Seventeen individuals from five nursing homes attended. Lunch was provided. Staff Development Coordinators and Directors of Nursing who also attended the classes viewed them as a "win-win" situation that was useful to Shoreline in terms of preparation of the preceptors and useful to the nursing homes in terms of the management and teaching learning principles provided. (see Appendix IX).

To provide a "kick-off" for the second year of grant activities, a faculty retreat was again planned just prior to the beginning of fall quarter. The film " A Perspective of

Hope," (a product of the Robert Wood Johnson-funded Teaching Nursing Home Project) was used as a stimulus for thought and discussion. Faculty were so energized by the film that they then viewed it a second time. Faculty moved through our curriculum, course by course, identifying information from the film appropriate to various levels. We continued by identifying gerontological content in each course of the curriculum, looking especially for areas of either duplication or omission. As a result we have reworded some objectives and added others.

Earlier in the school term we had discussed and planned a course to be offered to the total campus community spring quarter on perspectives of aging. When spring quarter arrived the college was over enrolled and no additional courses could be added. Therefore, the perspectives on aging course had to be placed on hold.

Objective IV: Implement learning experiences designed to foster in students positive attitudes toward work with elders and to encourage graduate interest in gerontologic nursing as a career choice.

Two learning experiences designed especially to foster positive attitudes in students toward aging and the older adult have been implemented since grant activities began. In Nursing 102, the quarter during which psychosocial aspects of nursing are emphasized, the longitudinal assignment of a student to a resident in the long term care setting has enabled students to become well acquainted with at least one older adult. The residents, selected by staff and then chosen by students, range from those well enough to be living independently in condominiums to those needing the highest level of care offered - total care. In Nursing 212M, the practicum for Nursing 203, Management Concepts in Nursing, students are provided their first opportunity to practice the R.N. role in long term care. Even students who initially indicated a negative attitude toward the experience and a desire NOT to participate have verbalized a changed attitude as evidenced by this comment: ". . . I had not considered long term care as an option before having this experience. It is definitely an option in my future now!" (see Appendix X).

Students at Shoreline are exposed to the long term care setting at three different points in the curriculum. Prior to our participation in the Community College-Nursing

Home Partnership, our students had only one nursing home experience - during their first quarter in the nursing program. That original experience remains - designed especially to teach basic skills in a setting that promotes more "high touch" than "high tech." The longitudinal assignment mentioned above was developed to promote the communication component of care - the primary focus of Nursing 102 at Shoreline. The management practicum was placed in the final quarter of the program in an effort to "remind" students about long term care at the end of their student experience, after spending two very intense quarters in acute care settings and the better part of another quarter at the other end of the spectrum - with mothers and babies.

Persons employed in long term care settings have been invited to speak both in formal classes and in pre-/post-conferences to share their expertise in the particular area and to facilitate recruitment of graduates into positions in long term care settings. A "Welcome and Orientation" message to students just entering the program, focused post conferences involving nurses and other personnel in the setting (physical therapist, chaplain, unit coordinator) and a mock interview for employment have all contributed to broadening the student perspective toward long term care.

Objective V: Evaluate all project activities, both process and outcomes.

During this second year of the grant we did not have the project evaluator, Dr. Helen Hanson, visit our campus although we were in touch with her on several occasions when project staff met as a group. However, consistent with project objectives all activities have been evaluated. Many of the evaluation reports, both of process and outcomes, have been included as appendices in this report. Consistent with project goals, we have also continued to survey attitudes of all students entering and exiting the program. Additionally we continue to survey the students at Shoreline at the conclusion of the first quarter of study, a deviation from other schools. We hope to determine if positive role models and appropriate theoretical content taught concurrently will reverse the trend identified in literature which suggests that students who are provided nursing home experience the first quarter or semester of a program develop negative attitudes about

aging and working in nursing homes. All facets of the curriculum continue to undergo systematic evaluation.

Objective VI: Report evaluation of project processes and outcomes to the project administrator and develop plans for dissemination of findings to associate degree nursing educators, nursing homes, and others interested in care of the elderly in the community.

Persons involved with the grant and other interested individuals are kept apprised of activities in a number of ways. Shoreline contributes regularly to the "official" publication of the Project, Newslinks. Quarterly reports in the form of Shoreline "Updates" also provide information about our activities. These are sent to all nursing homes involved with the Shoreline project, to Project schools, to the Shoreline Board of Trustees, President, Vice President and other school dignitaries and any other persons indicating an interest. Shoreline also contributed materials for the brochure for the Project compiled and reproduced by Valencia Community College.

A brief report of the Kellogg Grant activities at Shoreline is included on the agenda of the Council on Nursing Education in Washington State which meets twice a year. This group is composed of all the Deans, Directors, or Coordinators of nursing programs in Washington State. An article about our grant was requested for Aging and Long Term Care Review, a publication of the Washington State Aging and Adult Services and was published in the March/April 1989 issue (see Appendix XI).

Shoreline was again represented at the poster session held in conjunction with the third annual Summer Institute on Aging sponsored by the Northwest Geriatric Education Center. The conference was titled "Successful Aging: A Multidisciplinary Perspective"; the poster session was July 20, 1988. We used this opportunity to share information about activities of all schools but focused primarily on Shoreline.

Initial plans are underway for a regional Student Nurse Day focusing on gerontological experience from the student's point of view. At least three other community colleges would be invited to bring students to this session, tentatively planned for a Friday in May 1990.

Other: In the annual report for the first year of our grant we mentioned linkages that expanded beyond the nursing component of the community colleges to other areas of study and beyond nursing homes to broader based community settings. Once again, we have found ourselves in the position to provide this influence.

During the 1988-1989 school term, the Project Coordinator, Celia Hartley was appointed to the position of Acting Chair of Health Occupations although she continued to fulfill responsibilities to the grant and to serve as Director of Nursing. This placed her in close contact with other programs in the division, especially Dental Hygiene. Toward the end of the school year, a visit was made to one of the Partnership Nursing Homes by Mrs. Hartley, the Director of Dental Hygiene, and two of the dental hygiene instructors to explore the possibility of incorporating into the dental hygiene curriculum experience in a long term care facility. Although not an easy step for some to initially endorse, the idea was received with enough enthusiasm that a genuine desire existed to start some curriculum change. Therefore, two of the dental hygiene faculty were funded from the grant to spend an initial half-day working on planning and development of long term experience for dental hygiene students. Similarly, talk has occurred with faculty in the Cosmetology area but nothing as active has resulted.

Shoreline Community College again offered "Summercollege for Seniors." This represents a period of one week when older adults come to the campus and attend special classes and events. Celia Hartley agreed to offer classes focusing on the bioethics of birth and the bioethics of death. Both sessions were very well attended, each attracting one quarter of the persons attending Summercollege. Because of the positive response, a similar offering will be provided in Summercollege 1989 (see Appendix XII).

Last year at this time, the project coordinator was struggling with the annual report and significantly missing the support provided by a good secretary. (The person serving in that capacity could not continue for health reasons). Subsequently an individual was hired into the hourly position provided in the grant. In June of 1986, Loreta had been mandatorily retired from a position as secretary to the head of the college library because she had reached her 70th birthday. An absolute whiz at Word Perfect, she has greatly

lightened the load of the project coordinator and facilitator and "professionalized" the materials that are generated from our project. She has our budget on Lotus 1-2-3 so that at any point we know our financial standing. She assists the faculty as they are learning to use the computer. She greets workshop attendees and helps with the set-up for those sessions. She takes minutes at staff development meetings and assists with other project activities as assigned. We are ever appreciative of her assistance and dedicate this report to her.

Project Number
& PD Initials: UHGD0003Q

FINANCIAL REPORT TO W. K. KELLOGG FOUNDATION

EXPENSE STATEMENT FOR PERIOD ENDING: June 30, 1989

I Approved Budget (Line items per Commitment Letter, Proposal, or approved revision)		II Actual Expenditures of WKKF Funds	III Differences between I & II	NEXT PERIOD'S BUDGET IV Previously Approved	V Proposed (if different from IV)
Personnel	$33,250	33,250	0	33,250	
Faculty Development	29,750	15,640	14,110	29,750	
Staff Development	18,300	13,528	4,772	18,300	
Equipment & Supplies	13,000	10,900	2,100	13,000	
Consultant	-0-	-0-	-0-	1,000	
TOTALS	$94,300	73,318	20,982	95,300	

NOTE: Explanation should be given for substantial deviations in actual and/or proposed expenditures from originally approved budget items.

Less WKKF Balance (III above) $20,982

Proposed WKKF Payment $74,318

I hereby certify the above expense statement prepared on: ___ a cash basis (check one)
_x_ an accrual basis (that applies)
and resulting balance to be correct. I further certify that this organization continues to be classified as an organization described in Section 509(a) of the Internal Revenue Code.

Grantee: Shoreline Community College

Keith E. LaBelle, Director of Budgeting and Accounting
(please type) Chief Financial Officer Name and Title

Keith E LaBelle
Chief Financial Officer (signature)

8/1/89
(Date)

Celia L. Hartley, Director of Nursing Education
(please type) Project Director Name and Title

Celia L. Hartley
Project Director (signature)

8/1/89
(Date)

RETURN THE FORM WITH ORIGINAL SIGNATURES TO THE KELLOGG FOUNDATION (PHOTO COPIES NOT ACCEPTABLE)

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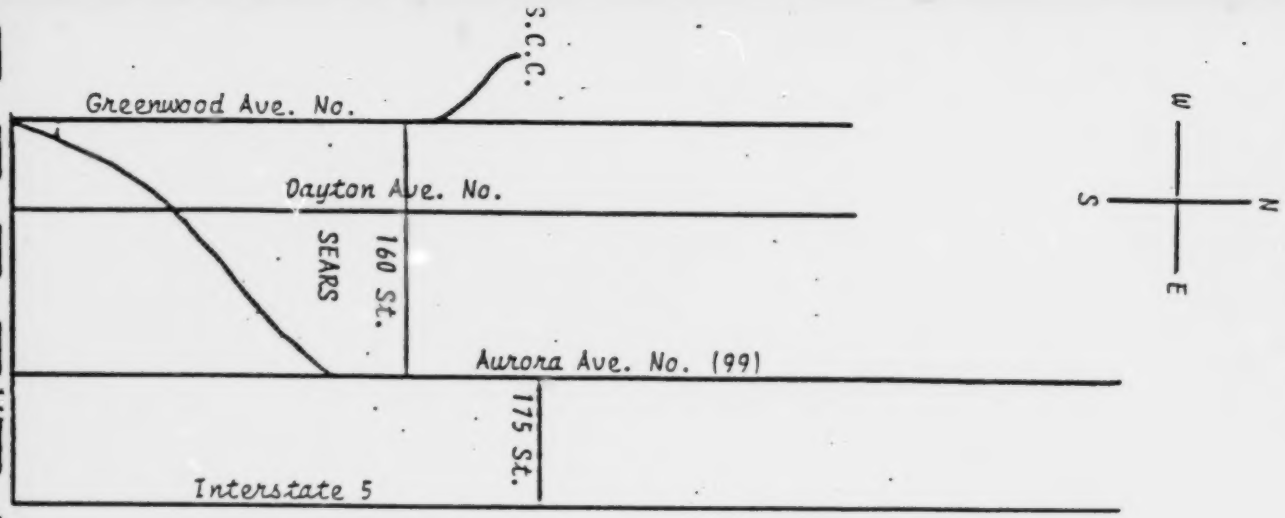
APPENDIX I



The Community College-Nursing Home Partnership

Improving Care Through Education

Challenges in Long Term Care
February 23, 1989

Shoreline Community College
16101 Greenwood Avenue North
Seattle, WA 98133

Shoreline Community College
16101 Greenwood Ave. N.
Seattle, WA 98133

The Community College - Nursing Home Partnership
at
Shoreline Community College

Funded by the W. K. Kellogg Foundation

presents

CHALLENGES IN LONG TERM CARE:

- **Understanding Basic Emotional Needs**
- **Territory, Space and Control**
- **Communication**
- **Dealing with Change--**
  Transitions to the Nursing Home
- **Loss and Grief**

February 23, 1989

Shoreline Community College
Nursing Education (1700) Building

Registration: 8:30 a.m. Program: 9 a.m.-4 p.m.

Who will benefit? All who work with residents and their families in the nursing home setting, including Registered Nurses, Nursing Students, Licensed Practical Nurses, Nursing Assistants, Activities Directors, Social Workers.

Presenter: Marty Richards, M.S.W., A.C.S.W. is a consultant on aging issues. She has worked as a staff social worker and as social services consultant to nursing homes for over 17 years, she is affiliate assistant professor at the University of Washington School of Social Work, and is primary author of *Choosing A Nursing Home: A Guidebook for Families* and *A Guidebook for Trainers of Nursing Home Staff: Understanding Families.*

Registration: The registration fee, which includes lunch, is $5.00. Space is limited, and pre-registration is necessary in order to insure an adequate number of lunches. Registrations must be received by February 20.

- -

Registration

Name: _____ Staff Position: _____

Facility: _____ Address: _____

Phone _____
Please mail this completed form with your check (made out to The Community College-Nursing Home Partnership) to Nursing Department, Shoreline Community College, 16101 Greenwood Ave. N., Seattle, Washington 98133.

(Please duplicate if additional copies are needed.)

CHALLENGES IN LONG TERM CARE -
February 23, 1989
Marty Richards

Evaluation Report
(5 = high; 1 - low)

1. Please rate the extent to which the workshop met your personal expectations:

   (5) 16 (4) 10 (3) 1 (2) 1

2. Please rate the extent to which the presentations were effective:

   (5) 19 (4) 9

   Presentations were well organized:

   (5) 25 (4) 3

   Time allowed for discussion was adequate:

   (5) 15 (4) 10 (3) 2 (2) 1

   Audiovisuals and handouts enhanced the presentations:

   (5) 11 (4) 11 (3) 5 (2) 1

   Physical environment was conducive to learning:

   (5) 9 (4) 7 (3) 10 (2) 1 (1) 1

3. Please rate the level of information presented in relation to your needs:

   (5) 12 (4) 12 (3) 4

4. Give one example of new or enhanced information you gained from this workshop:

It renewed my knowledge on nursing care.

The whole social relationship topic.

All the presentation that was made in terms to long care.

Codependency of Institutions. I'd never before thought about institutions fostering manipulative behavior. However, if you think about the control issue it makes perfect sense.

Increased understanding of nursing home resident. Increased understanding of communication techniques.

Most of the information was familiar, but it was good to review with fresh perspectives and high energy of Marty.

Learning that reality is in the eyes of the beholder.

I might not be able to change the people but I can change how I deal with them and gain insight or know they have their reasons for dealing their way.

What the personal belongings of our resident can mean to them--all they have left of a long life.

Identification of what some of communication is "really" saying.

How to better deal with certain residents.

Working with feeling of life and dying.

The segment on Territory, Space and Control has helped me to better understand several of my residents.

Experiences about anger with dying.

Personal experience with anger of dying.

Listening to clients to hear what they mean and not what they say. Listening is the strongest method for determining a clients needs.

1) Dealing with change: transitions was most informative for me but it went a little too fast as opposed to the earlier sections. 2) "People usually don't want you to fix it, they just want you to understand."

Everything makes sense given the person's world view.

Validation therapy, loss and grief.

How to deal with anger and death.

The information about anger and losses that go through all aspects of a person's life--how much it affects everything they do.

Territorial Rights, this was enhanced.

Creativity comes in many forms.

5. What was the most helpful part of this workshop for you?

Change in the nursing home

Learning how to be a better CNA and pass it on to my cover staff.

Learning new and things that I would have not thought about.

Validation therapy. I think I will be more aware of the feelings being presented and will try harder to deal with those rather than to argue with the words in the future.

Looking at the experience of being nursing home resident from that person's perspective.

Topics enhanced with stories. Questions asking us to give input. Fresh information/format I can take home to my facility. It is nice to be given permission to have feelings.

Communication skills with elderly persons.

I might not be able to change the people but I can change how I deal with them and gain insight or know they have their reasons for dealing their way.

Basic emotional needs

Dealing with loss.

How to help families of dying residents. Examples were great.

The issues with death and communications skills.

The segment on communicating with confused residents.

Communication.

Recognize how a client will ask for help. "Communication."

All of it was very valuable and enjoyable. Your sharing your experiences. Our talking about the feelings--resident's hostility, anger expressed to us because they may trust us, guilt, dying in your own way.

Appreciating another person's teaching style

Communication series, understanding the emotions behind the words.

Discussion, experience others have had.

How much coping with residents losses/problems involves how we cope with our own.

Having a review of items/needs that are very important that were refreshed in my mind.

It was a totally good program. It was presented well, was thorough and complete, stimulating and interesting.

6. <u>What was the least helpful part of this workshop for you?</u>

Communication between the resident and staff.

There was none.

The breaks--personally I prefer shorter days with less break time.

The communication section was information I already knew well.

Hard bottom chairs.

Can't really identify any specific information.

Possibly--complete printed notes.

Liked it all.

It was all good. Transition I slept thru.

It was all very good.

Can't think of anything.

7. Comments/Suggestions

This workshop was very interesting. I would like to go to more. I think there should be more workshops.

The workshop was very well presented and was very knowledgeable.

Most of the information I have had in classes. Very interesting but too long of a class--needs to be done in a 2-day session. Very hard to sit that long without having your mind wander.

Enjoyable!

Excellent presentation.

I appreciated Marty's knowledge of our facility and likely residents.

Marty Richards seems to have unending energy and enthusiasm! I never got bored or lost interest!

Better auditorium for six hours of sitting.

When will Marty do her next workshop? An asset with/LA & LR together.

Everything was great!!!

Great!

Very good speaker--voice, eye contact etc.

Wonderful use of real situations. Good appropriate use of quotes and ideal comments.

I liked the humor "cookie jar grandma," "Detroit syndrome." This offered a lightness to a heavy subject. Don't hurry the lecture after lunch as we have taken in a lot of information, concentrated all morning, and when it is hurried it is hard to take in and understand the information. I missed some of the information given. If time is running out perhaps less information given slower is better. This was the best presentation/lecture/discussion I have attended on aging. Thank

you.

Thank you!

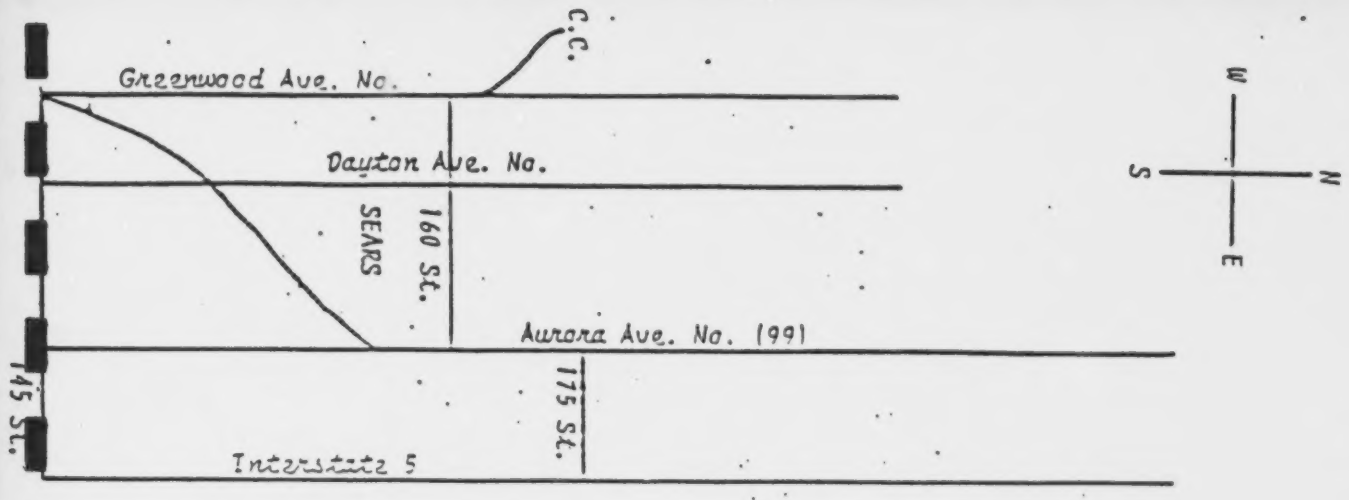
This was a timely workshop, seeing how God is doing a lot of big changes in my life and this helped me immensely to understand my feelings and the emotions that went with it.

Very good!

I was amazed at how much this--especially the dying part made me remember the death of my own parents and how I coped and felt. This whole seminar was very down-to-earth and practical. Thank you very much.

Marty, you are wonderful to listen to, I had great interest in listening to the examples you gave.

APPENDIX II



The Community College-Nursing Home Partnership

Improving Care Through Eduation

SELECTED MANAGEMENT CONCEPTS
May 2, 9, 16, 23 1989

Shoreline Community College
16101 Greenwood Avenue North
Seattle, WA 98133

Shoreline Community College
16101 Greenwood Ave. N.
Seattle, WA 98133

The Community College - Nursing Home Partnership
at
Shoreline Community College

Funded by the W. K. Kellogg Foundation

presents

Selected Management Concepts
for Licensed Staff in Long Term Care

- **Basic Communication Concepts**
  Tuesday, May 2, 1989
  Speaker: **Virginia Bennett, M.A.**
  Professor of Speech and Communication
  Shoreline Community College

- **Conflict Resolution**
  Tuesday, May 9, 1989
  Speaker: **Charles Hayashi**
  State of Washington Project Manager
  HIV/AIDS Training

- **Time Management**
  Tuesday, May 16, 1989
  Speaker: **Elizabeth A. Nowlis, R.N., Ed.D.**
  Professor of Nursing
  Shoreline Community College

- **Performance Appraisal**
  Tuesday, May 23, 1989
  Speaker: **Patricia Stuart, R.N., B.A.**
  Unit Supervisor
  CRISTA Senior Community
  Seattle, Washington

Time: 4:00 p.m. to 6:00 p.m.
Place: Nursing Education Building (Room 1705)
at Shoreline Community College
16101 Greenwood Ave. N., in Seattle
Fee: $15.00 for the series of four classes.
Single session registration is $5.00,
payable at the door

Registration

Name _____

Address _____ Phone _____

Staff Position _____ Facility _____

Please mail this completed form with your check (made out to Shoreline Community College), to the College at 16101 Greenwood Ave. N., Seattle, WA 98133.

(Please duplicate if additional copies are needed.)

SELECTED MANAGEMENT CONCEPTS - BASIC COMMUNICATION CONCEPTS
MAY 2, VIRGINIA BENNETT

EVALUATION

1. Rate the extent to which the class met your personal expectations.
   3. 2 4. 7 5. 9

2. Rate the extent to which the presentation was effective.
   3. 1 4. 6 5. 12

   Presentation was well organized--
   3. 2 4. 2 5. 15

   Time allowed for discussion was adequate
   1. 3 2. 1 3. 6 4. 7 5. 1

   Audiovisuals and handouts enhanced the presentation
   3. 1 4. 6 5. 1

   Physical environment was conducive to learning
   3. 2 4. 5 5. 11

3. Rate the level of information presented in relation to your needs
   2. 1 3. 2 4. 7 5. 9

4. Give one example of new or enhanced information you gained from this class.

   Have some expectation for good and poor (my opinion) NA so can help poor NA become good NAs.
   Soften
   The soften concept
   Support rather than interpret
   Disclosure process accd to risk factors
   Soften
   Beliefs create reality
   The listening and carrying on dual conversations
   Being able to internalize more fully that my expectations of someone may cause it to happen.
   Focus on effects of positive communication on performance
   Smile, Open, Forward, Touch, Eye Contact, Nod
   The concepts of the pygmalian effect
   The use of provincialism
   Jack Gibb behaviors and attitude list
   How to use "I" response
   Talked about not interpreting things when communicating

5. What was the most helpful part of this class for you?

   Was influenced by the instructor herself, her smile, the way she talked, etc.
   Was all helpful

Option to change if approached with defensiveness
The comparing of the supportive/defensive concept
Communication choices - can be supportive and enhance self respect/expectations in others.
S O F T E N
Encouragement to me for my family and patients in listening
Coffee to stay alert after working all day.
S O F T E N
Presentation of ideas in a colorful way
Knowing that feeling defensive is OK and that I don't have to be defensive back.
The instructor and presentation
How many things are involved in communication, how our communication affects others.
The options for supportive communication
Review of I statements
Review of the material
Overall information. Volume of it. Listening.

6. What was the least helpful part of this class for you?

Feeling encouraged and knowing that even the most educated still are learning.
Was all helpful
Film oriented more to business
Time of day
Time of class after work
Use of some unfamiliar words, e.g. provincialism
Would like more examples, and thorough explanations to solidify the material.

7. Comments/Suggestions

Instructor was terrific, enthusiastic and this was taken on by me.
Thoroughly enjoy film. Very good learning experience.
Gear more to supervising CNA's, in long term care this is most of the RN's job. (Hardest part anyway, and one for which we have no training.)
I enjoyed listening to the presentation and thinking about the information more than doing.
Thanks!
More practice of use of concepts
Even though there was not time for discussion, I would not have missed a thing that was said. I can see why Virginia has been teaching here 24 years. Excellent teacher and film. I loved her approach, her smile, her whole attitude.
Terrific presentation, would like to hear more.
Handouts with outline for notes would be helpful, with so much covered.
Enjoyed the instructor.
Very informative.
I really enjoyed it.
More listening.
Excellent speaker, covered a lot of important material in a clear concise and helpful way.
Excellent presentation.

SELECTED MANAGEMENT CONCEPTS
Conflict Resolution - May 9, 1989 EVALUATION SUMMARY
Charles Hayashi

1. Please rate the extent to which the class met your personal expectations
   4 = 8 5 = 12

2. Please rate the extent to which
   the presentation was effective
   4 = 5 5 = 15

   the presentation was well organized
   4 = 4 5 = 16

   time allowed for discussion was adequate
   3 = 1 4 = 3 5 = 15 5½ = 1

   audiovisuals and handouts enhanced the presentation
   4 = 8 5 = 12

   physical environment was conducive to learning
   3 = 1 4 = 9 5 = 10

3. Please rate the level of information presented in relation to your needs
   4 = 8 5 = 12

4. Give one example of new or enhanced information you gained from this class.
   Refresher for previously learned information
   Resolve conflict
   Why conflicts occur
   Strategy for win-win relationship
   Good ways to fight fair
   Broadbased source of conflict - i.e. idealogy, goals;
   "exercise format" - especially perspective (i.e. $50)
   In working thru a problem - have new strategy now
   Learned examples used to resolve conflict; win-win - life situation
   "I'm OK--you're OK"
   Prevent conflict; work together as team
   Insight ref shift

5. What was the most helpful part of this class for you?
   Discussion - Feedback
   Relax - Let it go
   Discussion
   Discussion/input from peers
   Good ways to fight fair
   Appreciate the handouts - clear and helpful summarization;
   help with issues clarification - ie realistic job description
   Hearing other people's problems
   Very useful handouts; in-put from both teacher and participation
   Diffusing conflict
   Chart on conflict resolution
   Worksheet

6. What was the least helpful part of this class for you?
   No one listed anything!

7. Comments/Suggestions
   Good presentation
   Have a return visit
   Great!
   Really helped to "crystalize" previous knowledge. Thanks!
   I needed this
   Very excellent class
   Sit in circle
   All material helpful and will be useful at home as well as at the work place. Thank you!

May 9, 1989
Mng-ch.evl

SELECTED MANAGEMENT CONCEPTS
Time Management - May 16, 1989 EVALUATION SUMMARY
Elizabeth A. Nowlis

1. Please rate the extent to which the class met your personal expectations
   3 = 1 4 = 8 5 = 8

2. Please rate the extent to which
   the presentation was effective
   4 = 6 5 = 10

   the presentation was well organized
   4 = 3 5 = 14

   time allowed for discussion was adequate
   1 = 1 3 = 1 4 = 4 5 = 11

   audiovisuals and handouts enhanced the presentation
   3 = 2 4 = 5 5 = 10

   physical environment was conducive to learning
   3 = 2 4 = 7 5 = 7

3. Please rate the level of information presented in relation to your needs
   4 = 9 5 = 8

4. Give one example of new or enhanced information you gained from this class.
   Give self a reward for task completed
   Portable calendar
   Making the "B's" A's or C's
   Making a to do list
   A's and C's
   To do lists
   Reminder: handle paper once
   Reminder to have a "to do" list
   New method of prioritizing - ABC - no B's
   Procrastination
   Make a list each day, set goals, set priorities - delegate to others
   A-C grading system for priority list
   Only A's and C's
   Not to move paper more than once; throw out!!!
   Limit meeting to 1 hour

5. What was the most helpful part of this class for you?
   Start with A's, not C's
   Keeping to deadlines for others--no additional time
   That delegation will be very worthwhile
   All of it
   Hour by hour daily worksheet
   To do lists and prioritizing
   Level of importance A/C category
   Discussion procrastination / time management handout
   The way time management was made fun
   Reminding me to get more organized

Renewed enthusiasm for time management; great presentation
List of time management tips and discussion on these items
Lecture/movie
Time on procrastination

6. What was the least helpful part of this class for you?
   All helpful
   Discussion of delegating responsibility to others
   Film
   Film - too much time wasted!
   Felt too much stress to use every minute

7. Comments/Suggestions
   Thanks - very good reminders for me!
   It was wonderful
   Lengthen the time of class to go into detail. This is an interesting topic.
   Thanks
   Very enjoyable - relaxing
   Speaker was excellent - her enthusiasm for the subject was motivating and fun
   Excellent class. I enjoyed very much
   Great!
   Speaker was very good - made listening fun, as well as informative. I looked forward to attending this class and enjoyed it very much.
   Presentation very well organized!

SELECTED MANAGEMENT CONCEPTS
Performance Appraisal- May 23, 1989 EVALUATION SUMMARY
Patricia Stuart

1. Please rate the extent to which the class met your personal expectations
   3 = 4 4 = 1 5 = 5

2. Please rate the extent to which
   the presentation was effective
   3 = 2 4 = 3 5 = 5

   the presentation was well organized
   3 = 2 4 = 2 5 = 6

   time allowed for discussion was adequate
   3 = 3 4 = 1 5 = 6

   audiovisuals and handouts enhanced the presentation
   2 = 1 3 = 1 4 = 4 5 = 4

   physical environment was conducive to learning
   3 = 3 4 = 3 5 = 4
   Thanks for the coffee and cookies!

3. Please rate the level of information presented in relation to your needs
   3 = 3 4 = 2 5 = 5

4. Give one example of new or enhanced information you gained from this class.
   That any positive approval <u>can be</u> a roadblock depending on individualities--know your personnel!
   Don't have sympathy, have empathy! I also think I don't reward enough and this class got me thinking about this.
   Roadblocks
   Writing weekly notes to self about people I manage - excellent idea to enhance my memory
   Growth comes from positive feedback goals!
   Feedback
   How to give feedback

5. What was the most helpful part of this class for you?
   The speaker's <u>enthusiasm</u> for a "difficult" area
   How to be more managing, objective, not so gentle
   The information on evaluations!!
   How to give feedback
   Interaction with fellow employees
   Focus of feedback
   I need an action plan - home as well as work and leader in church

6. What was the least helpful part of this class for you?
   The <u>least</u> helpful material was <u>great review!</u>
   Liked the whole class
   Repeat of material
   All good

Time of day

7. Comments/Suggestions
   Excellent session
   Thank you. You were excellent and I learned a lot and enjoyed it too.
   You are a good role model.
   Excellent
   Great! Enjoyed the content and the energy with which it was delivered!
   I learned today.

APPENDIX III

WELLNESS & AGING: THE NEXT TEN YEARS

June 13, 1989
DENVER

June 14, 1989
SEATTLE

DENVER
University of Denver

Co-Sponsored by
Colorado Gerontological Society
Colorado Action for Healthy People

SEATTLE
University of Washington

Co-Sponsored by
Society of Public Health Educators
Senior Services of Washington
University of Washington Northwest Geriatric Education Center and Center for Health Promotion in Older Adults, School of Public Health and Community Medicine

COOPERATING AGENCIES

Seattle: Aging and Adult Services Administration of Washington; ACTION, Region X and State of Washington; American Assn. of Retired Persons Northwest Area 10; Church Council of Greater Seattle Task Force on Aging; Community Home Health Care; General Hospital Medical Ctr.; Geriatric Mental Health Assn. of Washington; Good Samaritan Hospital & Medical Ctr.; Group Health Cooperative of Puget Sound; Hillhaven Foundation; Home Care Assn. of Washington; Jewish Family Service of Seattle; Lakewood Hospital; Multi Care Health Systems; Office of Human Development Services, Region X; Older Alaskans Commission; Oregon Gerontological Assn.; Oregon State Univ. Program on Gerontology; Saint Cabrini Hospital Ctr. on Aging; Seattle Day Ctr. for Adults; Seattle-King County Div. on Aging; Senior Services Div. of Oregon; Univ. of Washington, School of Social Work; U.S. Public Health Service, Region X; Washington State Nurses Assn.; Washington State Committee for Health Promotion for Older Adults

Denver: Administration on Aging, Region VIII; Adult Services and Aging, South Dakota Dept. of Social Services; Age of America, Denver; Aging and Adult Services, Colorado Dept. of Social Services; Area IV Agency on Aging, Helena, MT; Aims Community College Senior Education Program; Colorado State Univ. Dept. of Social Work; Denver Regional Council of Governments Area Agency on Aging; East Central Council of Local Governments; Home and Health Care, Colorado Springs; Inst. for Creative Aging; Lower Arkansas Valley Area Agency on Aging; Rose Medical Ctr.; U.S. Public Health Service, Region VIII

This seminar will focus on new opportunities and new thinking in health promotion for older adults. "Wellness & Aging: The Next Ten Years" will answer these questions:

- How can self care training reduce the need for long-term care?
- How is mental wellness changing the look of health promotion?
- How can employers reduce health care costs through education?
- How can church ministries foster health promotion?
- What will the next decade of health promotion look like?
- What are the elements of successful health promotion program design?

AUDIENCE

This program is intended for health providers, including nurses, physicians, and rehabilitation therapists; psychologists, social workers and activity professionals; health educators and health care consultants; clergy, family counselors and support group leaders; human resource professionals and business executives; and all those working with older adults in community-based agencies, hospitals and institutional settings.

FACULTY

Elbert C. Cole, Th.D.
President and Founder, Shepherd's Centers of America, Kansas City, MO

Ken Dychtwald, Ph.D.
President, Age Wave, Inc., Emeryville, CA

Donald W. Kemper, MSIE, MPH
Executive Director, Healthwise, Inc., Boise, ID

Molly Mettler, MSW
Director of Community Health Promotion, Healthwise, Inc., Boise, ID

Robin E. Mockenhaupt, MPH
Assistant Director, National Resource Center on Health Promotion and Aging, American Association of Retired Persons, Washington, DC

Robert M. Schmidt, M.D., MPH, Ph.D.
Professor of Clinical Science, San Francisco State University and Director, Center for Preventive Medicine, Pacific Presbyterian Hospital, San Francisco, CA

PROGRAM

7:30 A.M. Registration

8:30 A.M. "What's Around the Corner? Health Promotion for Seniors in the 1990's"

A review of the latest in health promotion, from self care and consumer sovereignty to mental wellness and psychoneuroimmunology; projections into the next decade.

Donald W. Kemper and Molly Mettler

10:30 A.M. "Vitality and Aging: Healthy Aging and Preventive Medicine for an Aging America"

Monitoring physiological aging versus chronological aging; the application of what we know about healthy aging throughout the life span; a major theme the role of "self-efficacy" and healthy aging, in partnership with health professionals.

Robert M. Schmidt

11:15 A.M. "How the Religious Community Can More Actively Promote Wellness"

Is the goal to live longer or better? What are the elements of quality of life? Can older adults make a case for their role in society? How can expectations be increased?

Elbert C. Cole

Noon Luncheon with Speaker

"Getting from 1989 to the Year 2000: Energizing Health Promotion in the Community"

The future of community health promotion in the next ten years; innovative model programs and strategies.

Robin E. Mockenhaupt

1:45 P.M. Concurrent Workshops

1. **"The Mind-Body Connection: Mental Wellness for Older Adults"** — A boost to the immune system and enhancement of efforts to promote mental wellness for seniors, with **Donald W. Kemper**

2. **"Senior Wellness Programming: Ideas That Work"** — Key elements, common pitfalls, and the principles of successful health promotion program design, with **Molly Mettler**

3. **"Individual Healthy Aging: Achieving a Personal Program for Maintaining a Healthy Lifestyle Throughout the Life Span"** — Evaluating individual person-specific data, characteristics of healthy aging, including biochemical, hematological, physiological, health-behavioral and spiritual parameters; application to personal health maintenance and health care settings, with **Robert M. Schmidt**

4. **"Moving the Congregation from a Sickness to a Wellness Model"** — How to develop a comprehensive ministry with older adults; future directions for ministry from the wellness model, with **Elbert C. Cole**

5. **"Real World Strategies for the Next Ten Years: Developing Community Health Promotion Programs with Limited Resources"** — The barriers and problems in planning and implementing community health promotion programs: limited program funding, limited staff time, shifting priorities; innovative community models and local strategies, with **Robin E. Mockenhaupt**

6. **"Colorado Action for Healthy People: Com-Community Initiatives"** — How to develop community-based health promotion projects for the elderly in both rural and urban settings. *Offered in Denver only*

Susan Hill, MSPH, Dir.; **Nancy McMahon,** MHS, Health Planner, both of Colorado Action for Healthy People, Denver, CO, and others to be confirmed

7. **"Integrating Senior Health Promotion into Primary Care Clinics"** — Findings of a research program conducted by a large HMO; health risk screening and risk reduction interventions. *Offered in Seattle only.*

Kristine Odle, MSW, Administrator; **Miriam Gray,** M.S, Health Education Specialist, and **Erica Kay,** Ph.D., Health Promotion Research Specialist, all of the Center for Health Promotion, Group Health Cooperative of Puget Sound, Seattle, WA

8. **"Measurement of Health Status in Well Older Adults"** — Appropriate constructs and general approaches to measurement. *Offered in Seattle only.*

William Carter, Ph.D., and **Donald Patrick,** Ph.D., Investigators, Center for Health Promotion in Older Adults, School of Public Health and Community Medicine, Univ. of Washington, Seattle, WA

3:30 P.M. The Image of Aging in the Year 2000

A nationally noted gerontologist and futurist in aging describes the changes we can expect in the decades to come. *Offered in Seattle only.*

Ken Dychtwald

June 15 - 17 Seattle

"Health Education: Blending Theory with Practice"

National Mid-Year Conference of the Society of Public Health Educators
University of Washington

Special rates are available to those attending both the ASA and the SOPHE conferences.

Contact: Elizabeth Bennett, (206) 527-3880

GENERAL INFORMATION

Fees: For registrations postmarked no later than May 23, $75 for ASA members, $105 for non-members; after May 23, $90 for ASA members; $120 for non-members.

Registration fee includes luncheon.

Group Discounts: There will be a 10% discount for groups of three or more people from the same organization. Group registrations must be submitted together.

ASA Membership: You may join at this time to enjoy the membership rate. Individual membership is $65 per year. Organizational memberships are $200. Organizational members enjoy all membership benefits for two designated individuals from the organization.

Transfers, Cancellations and Refunds: Registrations may be transferred to another individual. Cancellations must be received in writing no later than June 7. There will be a $15 handling fee for cancellations and refunds. Refunds will be processed at the conclusion of the conference.

Certificates of Continuing Education Credit will be available. A nominal fee of $5 will be charged to cover administrative costs. Provider approved by the California Board of Registered Nursing, provider number 02180, for 6.25 contact hours. There is reciprocity with other states. For other boards granting approval, contact the American Society on Aging, (415) 543-2617.

Scholarships: Partial scholarships are available. For information and application, contact the American Society on Aging, (415) 543-2617.

Location: In Seattle, at the University of Washington, Hub Center.The University is located just off of I.H. 5, at the University of Washington/45th Street exit. Parking is available on or near campus for approximately $3 per day.

In Denver, at the University of Denver Conference Center, Boettcher Auditorium. The University is located off of I.H. 25 at the University Boulevard exit. Free parking is available on campus lots R-1, J-18, and R-7.

For information about overnight accommodations, please contact the ASA Conference Division, (415) 543-2617.

APPENDIX IV

A TIMELY REMIINDER

FOR

WAHA STAFF DEVELOPMENT PEOPLE

WHAT: "BASICS OF CLASS PRESENTATION"

Our speaker is CELIA HARTLEY, Director of Nursing Education at Shoreline Community College.

Objectives are to enable the participants to:

1. Describe factors influencing "readiness" in the learner.
2. Outline an approach for developing a teaching plan including the selection of objectives.
3. Identify two types of presentation other than lecture.
4. Identify various formats for testing.
5. List some important considerations in preparing multiple choice test questions.

WHEN: WEDNESDAY

MARCH 1, 1989

9:00 AM MEETING

10:00 AM PROGRAM

11:30 AM LUNCHEON (see below)

WHERE: HEARTHSTONE

6720 E. GREENLAKE WAY N.

SEATTLE, WA.

DIRECTIONS...

Southbound on I-5: exit at #171 to N.E. 70th, turn right and proceed west to Green Lake Way (about 2-1/2 blocks). Turn left on Green Lake Way and proceed to 1st Avenue N.E.

Northbound on I-5: exit on #170, and turn left onto Ravenna Blvd. Proceed to Green Lake Way and turn left on Green Lake Way. The Hearthstone is on the corner of E. Green Lake Way N. and 1st Avenue N.E.

Luncheon reservations can be made by calling 525-9666 and leaving your name. Cost will be approximately $5.00. Please make your reservation by February 27th.
Check in at the switchboard. Meeting will begin at 9:00 A.M. on the 10th floor.

OPPORTUNITY:

You may bring other staff members who could use this knowledge to develop teaching skills.
Take advantage of this opportunity to improve the quality of our instruction. We can make classes more fun to prepare and present, and a pleasure to attend.

APPENDIX V

MANAGEMENT PRACTICUM

Activities	Objectives		
1. Meds and treatments for group	1. Passes medications safely to a group of residents	_____	_____
	2. Safely carries out treatments as ordered for a group of residents	_____	_____
2. Admission assessment	3. When possible, assists with an admission assessment	_____	
3. Care Conf. - care plan revision	4. Participates in a patient care conference	_____	
	5. Revises the nursing care plan for at least one resident	_____	
	6. Confers with physician regarding care needs of a specific resident	_____	
4. Team management and supervision	7. Makes assignments for nursing assistants on at least two days	_____	_____
	8. Monitors progress of nursing assistants in providing care	_____	_____
	9. Evaluates care provided by nursing assistants	_____	_____
	10. Provides feedback to nursing assistants regarding care given	_____	_____
	11. Formulates and presents to supervisor report on unit residents	_____	
	12. Communicates unit problems or concerns to supervisor	_____	
5. Staff teaching	13. Carries out a teaching project for staff	_____	
6. Evaluation	14. Completes a self-assessment	_____	

Managprc.obj
6/21/89

APPENDIX VI

FILMS AND VIDEOS

*My Mother, My Father
16 MM Color 33 minutes

Takes a candid look at four families and their deep and often conflicting feelings as they deal with the stresses and changes involved in caring for an aging parent. This film does not attempt to provide easy answers. Rather, it offers honest and compelling insight into the need for families to make individual decisions about caregiving. Elicits a better understanding of and support for individuals and families involved in caregiving. Terra Nova Films 1984.

*Prevention and Management of Aggressive Behavior in the Elderly
VHS Color 2 videotapes of 30 minutes each with accompanying handbook

These videotapes and the accompanying handbook are designed to introduce professional and family caregivers to underlying problems, issues and approaches to manage and cope with aggression successfully. Part I: "Before the Going Gets Rough: Assessment and Prevention of Aggressive Behavior in the Elderly" points out that prevention of aggressive behavior is the goal. It may be achieved through careful medical assessment and medication management, evaluation and reduction of non-caregiving and caregiving triggers, and improved skills to defuse the situation and communicate with acting-out elderly. Part II: "After the Going Gets Rough: Management of Aggressive Behavior and Its Consequences" deals with the crisis or out-of-control stage. Factors to consider during crisis and intervention are discussed along with helpful behavior and verbal responses. Physical intervention by caregivers is presented as the final resort. Good Samaritan Hospital & Medical Center, Portland, Oregon 1988.

*Sexuality and Aging
VHS Color 58 minutes

This program explores the attitudes, myths, and facts concerning this important phase of life. Examines ongoing research, physiological changes affecting the sexuality of older men and women, and educational efforts to improve the public's perceptions about sexuality in later life. Viewers hear from a variety of older men and women who discuss their attitudes and relationships as well as gerontologists and sex educators. Narrated by actor Ford Rainey. NTECHE 1987.

*Walk Me to the Water
VHS B/W 30 minutes

Intimately portrays the experiences of three terminally ill cancer patients being cared for at home. By allowing these patients and those closest to them to tell their own stories, the film conveys a broad range of circumstances, emotions and insights. Director John Seakwood's own experience with the loss of a member of his immediate family helped him to develop a close rapport with the patients and their families. We see the fear and confusion that is so often felt by those coping with terminal illness, along with the possibilities for individual growth and the strengthening of family bonds that can accompany this distress. Walk Me to the Water 1981.

*Whisper, the Waves, the Wind
16 MM Color 28 minutes

This is a unique and lyrical film that inspires us to cast off our stereotypes, to break through age barriers and to see older women in a new light. The film is staged around an actual event on a Southern California beach - an art performance, conceived by nationally recognized artist, Suzanne Lacy. In our youth-focused society the experience and knowledge of older women is typically unheralded, neglected. This film convinces us that their voices should be heard, their lives witnessed, their beauty seen and celebrated. Terra Nova Films 1986.

#A Perspective of Hope: Scenes From the Teaching Nursing Home
VHS Color 28 minutes

In an innovative approach to improving the long-term care of the elderly, the Robert Wood Johnson Foundation's Teaching Nursing Home Program established affiliations between nursing homes and university schools of nursing in 12 sites throughout the United States. "A Perspective of Hope" looks at the impact of this unique project on the lives of individual nursing students, faculty, staff members, - and most importantly - patients and their families. It presents a positive but realistic view of the obstacles and rewards of nursing on the frontiers of change. Fanlight

*Requested for purchase by the Shoreline Dept. of Nursing - Purchased with Fred Meyer Trust funds

#Purchased with W. K. Kellogg Foundation funds

All of the following materials purchased with W. K. Kellogg Foundation funds

GERONTOLOGY SERIES - MEDCOM

The Gerontology Series provides the nursing professional with the insight to help the elderly maintain their independence and optimal health status. The series reviews age-related changes affecting the needs of the elderly and provides strategies for physiological and psychological assessments and nursing care designed to help the elderly cope with common problems and aging.

Meeting Mental Health Needs M098

Discusses normal and abnormal mental health changes of aging and demonstrates guidelines for interventions through the use of the nursing process. Demonstrates a mental health assessment and examines potential problems including depression, confusion and dementia. Outlines intervention designed to improve self-concept, sensory training, reality orientation and remotivation theory.
1987 30 minutes

Meeting Oxygenation and Fluid and Electrolyte Needs M099

Reviews age-related changes affecting adequate oxygenation and fluid and electrolyte balance and how these affect the delivery of nursing care. Discusses interventions for the most common illnesses suffered by the elderly, using a systems approach. These include coronary artery disease, peripheral vascular

disease, chronic obstructive pulmonary disease, congestive heart failure, incontinence and diverticular disease. 1987 41 minutes

Meeting Mobility, Sexual and Nutritional Needs

Reviews age-related physiological changes, using a systems approach and demonstrates nursing care designed to help the patient cope with lifestyle and health problems. Explores ways to help the elderly maintain mobility and promote self-care, foster intimacy and sexual adjustment and optimize nutrition. Discusses functional impairments, osteoporosis, rheumatoid arthritis, degenerative joint disease, sexual dysfunction and nutritional problems. 1987 35 minutes

Skills Tapes - Practice Laboratory

Basic Clinical Skills - Series I MEDCOM

Designed as a basic overview of skills necessary for patient care at the Nursing I level, this series also provides the nursing assistant with an understanding of strategies and techniques for quality patient care.

Blood Pressure M030

Demonstrates the use of the stethoscope, aneroid and mercury manometers as well as electronic devices for determining blood pressure. Explains both palpatory and auscultatory methods to assess blood pressure. Traces actual Korotkoff sounds through each phase of assessing blood pressure. Discusses essential elements of documentation. 1985 16 minutes

Temperature, Pulse Respiration M031

Presents techniques to measure temperature, pulse and respiration. Demonstrates measurement of patient's oral, axillary and rectal temperature using mercury and electronic devices. Describes techniques for determining the pulse including rate, quality, and sites to be used. Assesses the rate, depth, rhythm and quality of respiration. 1985 19 minutes

Bed Bath M032

Demonstrates the step-by-step process for performing a bed bath emphasizing the use of proper body mechanics. Presents details of the back massage, describing various strokes. Discusses special techniques for perineal care. Illustrates other grooming measures such as shaving, hair and oral care. 1988 22 minutes

Cleansing Enema M033

Demonstrates preparing the patient and a step-by-step discussion of readying the enema solution, administration, and patient care after administration. Discusses indications for small and large volume enemas and demonstrates administration techniques for both. 1988 22 minutes

Basic Clinical Skills - Series II MEDCOM

Urinary Care M035

Introduces a brief description of the anatomy of the urinary system. Demonstrates procedures for specimen collection of a routine urine, midstream urine, 24-hour urine and a sample collected from an indwelling catheter. Emphasizes proper collection technique for all specimens. Describes nursing responsibilities when caring for the patient with an indwelling catheter, including management of the system, ambulation and emotional support. 1988 22 minutes

Admission and Discharge M037

Demonstrates preparing the patient's room prior to arrival, orienting the patient and family to the hospital room, completing necessary documentation and handling patient belongings. Discusses discharge responsibilities including providing assistance when the patient leaves. Describes guidelines for patients admitted and discharged from an ambulatory care setting. 1985 17 minutes

Medical Asepsis M039

Discusses fundamental principles of infection control and the role of the health care team member in implementing asepsis throughout practice. Illustrates the importance of the professional's personal health and hygiene. Demonstrates the procedure for routine handwashing. Presents additional strategies to control the spread and growth of microorganisms through the use of patient hygiene measures, management of patient care equipment and proper isolation procedures. 1988 18 minutes

Nurse Education - Level I MEDCOM

Airway Management Series

Chest Tubes: Patient and System Management M025

Illustrates relevant anatomy and physiology of the respiratory system. Discusses indications for closed chest drainage and preparation of the patient prior to chest tube insertion. Explains measures designed to promote air and/or fluid drainage and techniques for maintaining system function. Demonstrates maintenance procedures such as stripping the tubing, dressing changes and troubleshooting for complications. Review nursing responsibilities related to tube removal. 1985 27 minutes

Suctioning: Nasotracheal, Oropharyngeal and Endotracheal Techniques M026

Reviews pertinent structure and function of the respiratory system. Discusses potential hazards of accumulated respiratory secretions and natural and assisted methods of secretion removal. Describes assessment data indicating a need for nursing intervention with assisted techniques. Demonstrates step-by-step procedures for nasotracheal, oropharyngeal and endotracheal suctioning, including preparation of supplies and oxygenation of the patient before, during and after the procedure. Presents potential complications and related nursing interventions. Highlights evaluation of effectiveness of the procedure and

related documentation. 1985 34 minutes

Tracheostomy Care, Tube Change and Artificial Airway Cuff Management M027

Provides an overview of safe, effective management of the patient with an artificial airway in the clinical environment. Demonstrates tracheostomy care from equipment and supply set-up through cleansing the inner cannula and stoma and replacement of dressing and ties. Presents a coordinated efficient team approach to tracheostomy tube change. Describes the significance of cuff pressure and specific techniques to reduce the complications from improper airway care. Outlines criteria necessary for accurate documentation. Highlights all demonstrations using close-up motion to aid in teaching necessary precise movements for each procedure. 1985 24 minutes

Surgical Care Series

Surgical Wound Care M040

Demonstrates important skills including preparation and maintenance of the sterile field, dressing change with a dry, sterile non-occlusive dressing and the wet-to-dry dressing. Features, during the dressing change procedure, the principles of healing by primary and secondary intention. Presents actual clinical examples of normal healing and potential complications. Emphasizes responsibilities for continuing assessment of the wound and accurate documentation. 1988 27 minutes

Urethral Catheterization M042

Explains the indications for urethral catheterization with emphasis on the patient's need for emotional support and teaching. Differentiates between intermittent and continuous catheterization with indications for each. Discusses the use of retention versus non-retention catheters and the supplies necessary for insertion. Demonstrates the procedure for removal of a retention catheter. 1985 25 minutes

Nasogastric Tube Intubation M049

Defines the use of a nasogastric tube and highlights indications for its use. Reviews the types of nasogastric tubes and methods of suction used with each. Demonstrates a step-by-step NG tube insertion, emphasizing, through the use of a patient care plan, interventions designed to promote patient comfort. Explains steps to perform system checks such as irrigation of the tube, monitoring of fluid and electrolyte balance and removal of the NG tube. 1986 26 minutes

Gastrointestinal Nursing Care Series

Ostomy Care 1118 (video transfer)

Focuses on the care of the ostomy patient with special emphasis on the patient's emotional and physical needs. Defines colostomy and ileostomy and presents specific procedures for care of each, including appliance application and irrigation. Describes different types of colostomies and ileostomies, as well as complications that may occur and nursing measures designed to prevent each. 1985 18 minutes

SPRINGHOUSE - Video Skill Series

Assessing Heart Sounds (2 copies)

Normal and abnormal heart sounds are heard and their physiological causes identified. Key topics include auscultatory sites, S_1 through S_4, tricuspid regurgitation, mitral regurgitation, pulmonic stenosis, sortic stenosis, aortic regurgitation, pulmonic regurgitation, mitral stenosis, and tricuspid stenosis.

Assessing Breath Sounds

Normal and abnormal breath sounds are heard and their physiological causes identified. Key topics include auscultatory sites and sequencing, normal breath sounds, bronchial breathing, bronchophony, whispered pectoriloquy, egophony, absent breath sounds, late inspiratory bibasilar crackles, early inspiratory and expiratory crackles, random monophonic wheezes, and expiratory polyphonic wheezes.

Detecting and Managing I. V. Therapy Problems

Focuses on how to prevent potential problems by choosing the vein and cannula appropriate for the solution or medication and the patient's condition, how to initiate successful venipuncture, how to detect problems promptly and how to intervene effectively when problems occur. Key topics include correct vein selection, venipuncture (indirect and direct approach), flow rate problems, infiltration, extravasation, infection (infusion site), phlebitis, and systemic complications.

OTHER

AIDS Issues "88
VHS Color 4 tapes - 7 hours

Videotapes of lectures included in "AIDS Issues "88," an all-day workshop designed to include the seven hours of AIDS education and training required by the State of Washington for re-licensure of health care workers. Includes epidemiology, pathophysiology, infection control guidelines, testing and counseling, legal and ethical issues, medical records, clinical manifestations and diagnosis, treatment and disease management and psychosocial and special group issues. Sponsored by Evergreen Pharmaceutical Services. Held Wednesday, December 14, 1938, at the Westin Hotel, Seattle, WA.

APPENDIX VII

Date	# Faculty	Event/Sponsor
6/18/88	1	Update on Relationship of Psychiatric Nursing to Nursing Diagnosis of Gerontological Care Management
7/18-7/22 1988	5	3rd Annual Summer Institute: Successful Aging: a Multidisciplinary Perspective University of Washington Institute on Aging
9/15 & 9/16 1988	13	Faculty Retreat at Silverdale Funded by W. K. Kellogg
9/22/88	1	Geriatric Drug Therapy University of Washington/WSNA
9/23/88	2	Update in Gerontological Nursing University of Washington School of Nursing
9/28→11/30 1988	1	Social/Cultural Aspects of Aging (UCONJ 442TA), University of Washington Institute on Aging
10/8/88	1	Topics in Clinical Therapeutics for Advanced Registered Nurses Bellevue Community College Cont. Nursing Education
10/18→10/23 1988	11 faculty & 2 from LTC	The Community College-Nursing Home Partnership 1988 National Project Faculty/Director of Nursing Workshop, Orlando, Florida
2/23/89	3	Event/Sponsor Challenges in Long Term Care, Shoreline Community College
3/3/89	4	Legal and clinical Issues in Long Term Care, University of Washington Northwest Geriatric Education Center
3/18/89	1	Advances in Psychotropic Drug Therapy - New Direction in Drug Treatment of Alzheimer's

Date	Faculty	Event/Sponsor
1/10/89} 2/07/89} 3/07/89}	1	The Puget Sound Forums on Aging: Winter 1989 Families and Aging Center on Aging of St. Cabrini Hospital Geriatric Research, Education & Clinical Center--VA, Northwest Geriatric Education Center, University of Washington
4/18/88} } 5/9/89 } 6/13/89}	2	The Puget Sound Forms on Aging: Spring 1989 Mental Health & Aging: Selected Issues Center on Aging of St. Cabrini Hospital Geriatric Research, Education & Clinical Center, VA; Northwest Geriatric Education Center, University of Washington
6/14/89	3 faculty + 2 from LTC	Wellness and Aging: The Next Ten Years American Society on Aging

APPENDIX VIII

PRECEPTOR HANDBOOK

Shoreline Community College
Department of Nursing
Nursing 212M

Table of Contents

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Nursing 203 - Management Concepts in Nursing

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INTRODUCTION

The preceptor role was developed to assist nursing students to apply management concepts in a long term care setting. This role utilizes the expertise you have as a registered nurse in these long term care settings. It provides an opportunity for you to share your special skills and insights related to various aspects of patient care management including organizing and prioritizing the care of residents, delegating certain parts of that care to others, managing your time efficiently and resolving difficult work situations.

The theory course, "Management Concepts in Nursing," is taught to students who are in the fifth quarter of our six-quarter program. The related application of these concepts occurs during the sixth quarter of study. We call this clinical application course a "practicum."

Preceptors who will serve during a specific practicum will be selected by the nursing administrators in the facilities in which they are employed and the names will be provided to Shoreline nursing faculty The preceptors are then matched with a student who will be taking the practicum that quarter. The student will work the same hours as the preceptor to whom he/she is assigned during the time that the student is in that learning experience. Prior to the first day of the practicum, the instructor will hold a conference with the students and will review the time schedule, the course objectives and the instructor/preceptor expectations. Students will be advised to report to the practicum in student uniform including name pin.

Throughout the quarter, the instructor will make rounds each day the students are working with preceptors and will meet with each participating preceptor and student. In addition, the preceptor will be provided with a telephone number where the instructor can be contacted. Preceptors should contact the instructor any time questions or concerns arise.

This Preceptor Handbook is provided to you as a resource that will assist you and the student as you work together to apply the management principles to practice.

Nursing 212M
Overview of Management Practicum Activities

	Assessment	Planning	Implementation	Evaluation
INSTRUCTOR	May participate in direct observation of clinical performance of specific skills and provide feedback.	Provides Staff Nurse Preceptor with practicum schedule, student name. Meets with nursing student and Staff Nurse Preceptor first day of practicum to review overall plan.	Provides support to SNP by assisting in identifying problems and/or problem solutions. Provides specific time for 2 formal conferences during 4 day practicum period. #1 Discuss course philosophy; goals and objectives. (Day) #2 Review evaluation process, expectations regarding staff nurse responsibilities. (Day)	Through ongoing conferences with student & SNP, keeps apprised of progress. Based on feedback from student, SNP, and personal observation, determines need for course change.
STAFF NURSE PRECEPTOR	Participates in direct observation of clinical performance and provides feedback on daily basis throughout practicum experience.	Meets with student morning of first day of practicum to review objectives and unit activities. Assists student in development of plan to utilize unit activities in meeting practicum objectives.	Identifies and provides opportunities for performing specific skills. Incorporates specific learning activities to be done each day. Acts as clinical resource. Familiarizes student with policies, procedures and resources specific to unit.	Provides ongoing oral and written feedback to student and assists in evaluation of progress of student. Assists student in identifying those areas needing further or ongoing attention at end of practicum.
NURSING STUDENT	Identifies own learning needs.	Communicates learning needs. Reviews unit activities and makes plans to meet practicum objectives.	Works under direct supervision of SNP. Suggests to SNP learning experiences which would be most beneficial in meeting needs. Completes those activities identified in course objectives. Meets with SNP and instructor as indicated throughout practicum.	Evaluates practicum, providing feedback to SNP and instructor. Meets with instructor and identifies areas needing continuing growth; e.g., documentation and specific skills.

SNP = Staff Nurse Preceptor

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6/21/89

Shoreline Community College
Nursing Program
Fall/Spring/Winter _____ (yr)
Facility _____
Preceptor _____

Student _____
Grade _____
Absences _____

NURSING 212 MANAGEMENT COMPONENT

REQUIREMENTS AND EVALUATION GUIDE

INSTRUCTIONS:

1. The student will perform and document in the "Log" the behavior prescribed in all objectives.

2. Each week the student and preceptor will note in the "Log" progress in relationship to specific objectives.

3. When the entry is approved by the preceptor, the student will write the date of approval in the right column of the practicum objective form.

CRITERIA FOR GRADING (Pass/Fail)

1. All objectives must be satisfactory by the end of the quarter for the student to pass.

Final Comments

Student _____
Preceptor _____
Date _____

DAILY EVALUATIVE DIALOGUE

Guidelines

Following each day's clinical experience, the student is expected to make an entry in the log. The student's entry consists of the following:

1. A brief listing of activities or tasks done that day.

2. A statement of self-evaluation relating to any practicum objectives met that day. This is to include specific data supporting any opinions. Emphasis is placed on recognizing both areas where growth is needed and areas of successful functioning.

3. Questions or concerns which the student has.

4. The student presents the completed log to the preceptor at the end of the second day and again at the end of the practicum experience.

5. The student makes an appointment with the preceptor to return for a conference on one day during the following week.

6. The student returns the completed objectives and log to the instructor.

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SHORELINE COMMUNITY COLLEGE
Management Practicum

Suggested Experiences to Meet Practicum Objectives

1. Observe procedures and techniques used to pass medications safely to a group of residents.

   a. Go with med nurse on first day and observe nurse pass meds. This allows the student an overview without pressure to perform.

   b. Have the student make a list of safety techniques as he/she observes the med pass. Also a list of how a LTC med pass differs from an acute care med pass.

   c. Point out the benefits of LTC med pass with regard to use of assessment skills, investigation, and creating a change(s) in care based on own judgment.

   d. Scheduling and time management: i.e. teaching the staff not to interrupt.

2. Safely carries out treatments as ordered for a group of residents.

   a. Emphasize use of gloves.

   b. Assess student experience - provide opportunities to do treatments that are new or unfamiliar.

   c. Emphasize need for privacy.

   d. Demonstrate or point out how to approach the patient with instructions.

3. When possible, assists with an admission assessment.

   a. Have student read admission procedure.

   b. Anderson House: student follow admissions nurse
   CRISTA: student follow GNP for admit assessment

   c. Involve student in assessment with their knowledge base in mind.

   d. Have student go over info on one specific patient and assist with baseline.

4. Participates in a patient care conference.

   a. Attend patient care conference to see how facility handles care conf.

5. Revises the nursing care plan for at least one resident.

a. Have student assist in rewriting care plan/baseline.

6. Confers with physician regarding care needs of a specific resident.

   a. Have student be ready to discuss certain patient (known to have physician visit while student is there)
   Question: Is physician receptive to students and teaching?

   b. Have student call M.D. for routine bowel care, etc.

7. Makes assignments for nursing assistants on at least two days.

   a. Show student facility assignment sheets.

   b. Have student go through report with preceptor.

   c. Have student make out assignment for 2nd day at end of 1st day.

   d. First day student observe everything!!

8. Monitors progress of nursing assistants in providing care.

   a. Give student copy of NA assignments - have them monitor.

   b. Check on flow sheets for 4-6 people to know what needs to be done.

   c. Check NA charting and follow through.

9. Evaluates care provided by nursing assistants.

   a. Have student report to preceptor his/her evaluation of NA care.

   b. If time, student can observe how staff handle any neg. or pos. feedback with NA.

10. Provides feedback to nursing assistants regarding care given.

    a. Prepare NA's for student monitoring and possible feedback, pos. as well as neg.

    b. Be sure that the staff knows what the student is learning to do!!

11. Formulates and presents to supervisor report on unit residents.

    a. Resources:
        1. Alert boards/report boards
        2. V.S. sheets — Incorporated by
        3. 1:1 with NA's — facility format
        4. Personal assessment of situations
        5. Input from other disciplines
        6. PRN meds given

12. Communicates unit problems or concerns to supervisor.

    a. By intercom/ written format/ phone: decide what's pertinent

    b. Alert NS re: who is supervisor/chain of command.
        1. Who
        2. What
        3. Why
        4. When

13. Carries out a teaching project for staff

    a. Perhaps near end of 4th day

    b. Bedside 1:1 with NA's

    c. Inservice time

    d. During charting time/report time

14. Completes a self-assessment

    a. At the end of each day and end of total experience (with input from staff who worked with NS to compare with student's eval)

Shoreline Community College
Dept. Nursing

Quarter: F/W/S Year _____
Preceptor:_____
Instructor:_____

Nurs. 212-M
Facility:_____

STUDENT EVALUATION OF MANAGEMENT PRACTICUM

Directions: Complete this Form at the end of the practicum.
Score: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent,
x = unable to assess or not applicable

The Preceptor:	RATING
1. Is knowledgeable about principles of nursing care for the resident	1 2 3 4 5 X
2. Is available to the student	1 2 3 4 5 X
3. Attempts to establish rapport with student	1 2 3 4 5 X
4. Assists the student in the clinical area	1 2 3 4 5 X
5. Supervises student activities/nursing care	1 2 3 4 5 X
6. Communicates with student verbally or in writing regarding student progress	1 2 3 4 5 X
7. Gives constructive criticism to student	1 2 3 4 5 X
8. Uses pertinent information obtained from appropriate clinical facility staff regarding student's performance to give feedback to student	1 2 3 4 5 X
9. Encourages student to function at optimum level and toward independent functioning	1 2 3 4 5 X
10. Responds constructively to student's ideas and experience	1 2 3 4 5 X

The Instructor:	
1. Is available to the student for special needs	1 2 3 4 5 X
2. Provided necessary assistance to adapt to preceptor's setting	1 2 3 4 5 X

The Facility:	
1. Was conducive to meeting the student's learning needs	1 2 3 4 5 X
2. Provided necessary assistance to adapt to preceptor's setting	1 2 3 4 5 X

COMMENTS:

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MANAGEMENT PRACTICUM

Activities	Objectives		
1. Meds and treatments for group	1. Passes medications safely to a group of residents	_____	_____
	2. Safely carries out treatments as ordered for a group of residents	_____	_____
2. Admission assessment	3. When possible, assists with an admission assessment	_____	
3. Care Conf. - care plan revision	4. Participates in a patient care conference	_____	
	5. Revises the nursing care plan for at least one resident	_____	
	6. Confers with physician regarding care needs of a specific resident	_____	
4. Team management and supervision	7. Makes assignments for nursing assistants on at least two days	_____	_____
	8. Monitors progress of nursing assistants in providing care	_____	_____
	9. Evaluates care provided by nursing assistants	_____	_____
	10. Provides feedback to nursing assistants regarding care given	_____	_____
	11. Formulates and presents to supervisor report on unit residents	_____	
	12. Communicates unit problems or concerns to supervisor	_____	
5. Staff teaching	13. Carries out a teaching project for staff	_____	
6. Evaluation	14. Completes a self-assessment	_____	

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SHORELINE COMMUNITY COLLEGE

Department of Nursing Education
Nursing 203

MANAGEMENT CONCEPTS IN NURSING

Course Description

Organizational structure and function will be presented with consideration of nursing unit goals and objectives and the role of power. Decision making skills, incorporating time management and priority setting, are included. Emphasis will be placed on supervision of nursing personnel, collaboration within the health-care team and client advocacy.

Overall Course Objectives

The student:

Understands how organizational structure affects organizational function.

Explains how management style can be altered to promote effective functioning of the health care team.

Understands how the dynamics of power affects an organization.

Explains the role of nursing unit goals and objectives in overall management.

Explores a variety of approaches to the decision-making process.

Explores principles of time management and priority setting.

Develops the necessary theoretical base for effective supervision of others, including teaching, delegation, motivation, feedback, and evaluation.

Explores collaboration as an avenue to enhance client well-being and interstaff relationships.

Understands the importance of client advocacy within the community and health care system.

2730N/3/24A

NURSING 203

Class Time: 8:30-10:30 a.m.

Room: TBA

Coordinators:

Janice Ellis - Room 1722; 546-4779; office hours as posted

Dr. Elizabeth Nowlis - Room 1717; 546-4737; office hours as posted

TEXTBOOKS

Douglass, Laura Mae, The Effective Nurse Leader and Manager, 3rd edition, St. Louis: The C. V. Mosby Company, 1988 (required)

Kron, Thora and Anne Gray, The Management of Patient Care, 6th edition, Philadelphia: W. B. Saunders Company, 1987 (on reserve in library)

Articles - Those assigned are on reserve in library.

MANAGEMENT PRACTICUM

Management practicum occurs during your sixth quarter in the Nursing Program. Each student will work with an R.N. preceptor in a long-term care facility for four eight-hour days. During that time, you will be implementing the content taught in this course.

Course Outline

I. Understanding Organizations

- A. Organizational Structure and Function
- B. Management Styles in Organizations
- C. Managing Resources
- D. The Source and Use of Power in an Organization
- E. Goals and Objectives for Nursing Units

II. Effective Decision Making

- A. Examining The Decision Making Process
- B. Time Management
  1. Time Assessment
  2. Setting Priorities
  3. Delegation

III. Supervision of Others

- A. Understanding Motivation
- B. Teaching other Nursing Personnel
- C. Providing Feedback and Evaluation to Nursing Personnel

IV. Encouraging Collaboration and Managing Conflict

- A. Understanding The Collaboration Process
- B. Managing Conflict within the Health Care Setting

V. Nurses as Client Advocate

- A. What is an Advocate?
- B. Advocacy in the System and in the Community

Unit Objectives

Unit I Understanding Organizations

A. Understands how organizational structure affects organizational function.

1. Describes three different types of organization structure.
2. Lists strengths and weaknesses of each type of structure.
3. Identifies to whom concerns or problems should be directed based on the type of structure.
4. Compares the approach to workers of an organization that is based on theory X vs. the organization based on theory Y.
5. Explains how Maslow's hierarchy of needs relates to workers in an organization.

B. Explains how management style can be altered to promote effective functioning of the health care team.

1. Identifies own management style.
2. Describes the various management styles.
3. Identifies the strengths and weaknesses of different management styles.
4. Discusses "Management by Wandering Around"

C. Explains the significance of resource management to effective nursing care.

1. Identifies the scope of resource management.
2. Differentiates between capital and operating budgets.
3. Describes the process needed to alter institutional budgets.
4. Discusses how the individual nurse can be an effective resource manager.

D. Understands how the dynamics of power affect an organization.

1. Differentiates between power and authority.
2. Lists and defines five forms of power.
3. Identifies types of power available to nurses in different positions.
4. Identifies ways nurses might use power.

E. Explains the role of nursing unit goals and objectives in overall management.

1. Identifies the purpose of goals and objectives for a nursing unit.
2. Describes how nurses at various levels in an organization can be involved in the development of goals and objectives.

Unit II Effective Decision Making

A. Explores a variety of approaches to the decision-making process.

1. Lists steps used in problem-solving approach to decision making.
2. Explains three ways a group may make decisions.

B. Explores principles of time management and priority setting.

1. Identifies a method to increase your awareness of your own time management.
2. Lists eight important suggestions for managing your own time.
3. Identifies factors in nursing that interfere with effective time management.
4. Discusses factors that should be considered by the nurse when setting individual priorities.
5. Explains how groups can use priorities for time management.
6. Describes how an effective leader can help a group to manage time.
7. Explains how the delegation of tasks relates to time management.
8. Identifies specific techniques to be used for effective time management.

Unit III Supervision of Others

A. Develops the necessary theoretical base for effective supervision of others, including teaching, delegation, motivation, feedback and evaluation.

1. Applies basic health teaching concepts to teaching of nursing personnel.
2. Identifies ways informal teaching of nursing personnel takes place on the unit.
3. Defines motivation.
4. Explains the factors that influence motivation.
5. Discusses how motivation of a leader and group members affect one another.
6. Defines feedback and differentiates formal and informal approaches.
7. Discusses how facilitating and blocking communication techniques may affect the feedback process for both the person giving and the person receiving feedback.
8. Lists ways feedback may be made more effective.
9. Defines performance appraisal and discusses its purposes.
10. Explains how feedback relates to performance appraisal.

2730N/7/24A

Unit IV Encouraging Collaboration and Managing Conflict

A. Explores collaboration as an avenue to enhance client well-being and interstaff relationships.

1. Discusses factors that may cause conflict within an individual.
2. Discusses factors that cause conflict within organizations.
3. Lists five possible consequences of conflict.
4. Explains the following methods of conflict resolution: dominance and suppression, restriction, smoothing, avoidance, majority rule, compromise, integrative problem solving.
5. Discusses how conflict and collaboration affect client well-being.

Unit V Nurses As Client Advocates

A. Understands the importance of client advocacy within the community and the health care system.

1. Defines client advocacy.
2. Explains why client advocacy is needed in today's health care system.
3. Differentiates between the advocacy role of an official ombudsman and the staff nurse.
4. Identifies potential problems that may arise from being an advocate.
5. Identifies ways a nurse can be an effective advocate.

APPENDIX IX

Program partially funded

by

W. K. Kellogg Foundation

The

Community College - Nursing Home

Partnership

at

Shoreline Community College

Preceptor Preparation Workshop

Part I - October 26, 1988

Part II - November 2, 1988

Part I - October 26, 1988

Presentation of Nursing 203
Management Concepts in Nursing

Janice R. Ellis, R.N., M.N.

8:00 Introductions and Overview

8:30 Organizational Structure, Function, and Management Styles

9:45 Break

10:00 Power, Goals and Objectives, and Decision-Making

11:00 Time Management

11:45 Lunch

12:30 Supervising Others
- Teaching
- Delegating
- Evaluating
- Providing Feedback

1:45 Break

2:00 Using Communication
- Assertiveness
- Using the System
- Conflict Management and Collaboration

3:00 Advocacy
- For Patient and Family
- In the community and in the health care setting

Part II - November 2, 1988

Becoming a Preceptor

Patricia M. Bentz, R.N., M.S.N.

8:00 Introductions and Overview

8:30 Your Learning Style - what works best for you?
Your Philosophy of Care - important aspects of the RN role in Long Term Care
Your Management Style - how will it affect you as a preceptor?

10:15 Break

10:30 Your Role As A Preceptor - Where do you fit?
- The SCC Instructor
- The Staff Nurse Preceptor
- The Nursing Student

11:45 Lunch

12:30 Your Beliefs About Learning and the Adult Learner

1:15 Your Setting - Identifying Learning Experiences

2:00 Break

2:15 Your Involvement
- Tricks of the Trade
- Acting it Out

Preceptor Preparation Workshop
Evaluation Form

	Low				High
1. Please rate the extent to which the practicum met your personal expectations	1	2	3	4	5
2. Please rate the extent to which the presentations were effective	1	2	3	4	5
presentations were well organized	1	2	3	4	5
time allowed for discussion was adequate	1	2	3	4	5
audiovisuals and handouts enhanced the presentations	1	2	3	4	5
physical environment was conducive to learning	1	2	3	4	5
3. Please rate the level of information presented in relation to your needs	1	2	3	4	5
4. Please rate the extent to which you feel prepared for the role of preceptor	1	2	3	4	5

5. Give one example of new or enhanced information you gained from this workshop

6. What was the most helpful part of this workshop for you?

7. What was the least helpful part of this workshop for you?

8. Comments/Suggestions

Preceptor Preparation Workshop
Evaluation Form

	RATING % 4	% 5
1. Please rate the extent to which the practicum met your personal expectations	25%	69%
2. Please rate the extent to which the presentations were effective	25%	75%
presentations were well organized	6%	94%
time allowed for discussion was adequate	12%	88%
audiovisuals and handouts enhanced the presentations	38%	56%
physical environment was conducive to learning	44%	6%
3. Please rate the level of information presented in relation to your needs	38%	56%
4. Please rate the extent to which you feel prepared for the role of preceptor	44%	38%

5. Give one example of new or enhanced information you gained from this workshop

The awareness of the different levels of management on each unit.
What is a preceptor and encourage others to make decisions.
I found out what a preceptor is!!! and what my responsibilities will be.
Concepts of different management skills and what is my relationship to them.
Objectives that students need to meet.
Students taught to "think" and give rationale for actions.
Review of management styles.
Microskills. Avoiding "yes" "no" questions.
Communication skills for guiding the student to use own problem solving skills. The microskills of 1) getting their opinion, 2) why? 3) general considerations. Makes good sense.
Questions to ask the student so they can be a problem solver. Conflict management and collaboration skills.
The whole idea of a preceptorship for students in L.T.C. facilities for management skills.
The overview of management styles and theories was new to me and helpful.
The concept of power and its application to nursing.
I learned more about management styles and what management style category I was in. That was quite interesting to me.

I learned some ways of supervising others in a more positive way--i.e. different types of feedback. Handouts and reading material were helpful.
I learned how to be a preceptor for students--what we are expected to do to assist them be a leader when they graduate, how they will manage the role.

6. What was the most helpful part of this workshop for you?

Discussing problem solving.
Goals and objectives.
It was all very helpful. I liked the test on management skills--that was very helpful and then learning the different types of management.
It was all helpful--organizational structures,management techniques, conflict resolution. But probably the most helpful was brainstorming in small groups the practical working of how we'll work the experience.
I have taken so many management workshops, communication workshops etc., and have a lot of management experience that what was presented was not really new information for me.
Updating what students able to do, i.e., encouraged to "problem solve."
Specific how-to examples for the preceptor.
Specifics regarding preceptorships.
Time management and designation of tasks to A/B and C categories. It clarified what I've been doing.
Clear list of objectives. Roles defined thoroughly and discussed.
Actual objectives of practicum.
The presentation and discussion of ways to meet the students' objectives.
The reassurance that the preceptor is not expected to know all and be all and that help is available from the on site instructor.
This workshop made me feel quite comfortable with the up-coming role as a preceptor.
I appreciated the group discussions with the nurses from other area facilities.
I thought all was helpful. I feel more comfortable being a preceptor teaching them long care of resident.

7. What was the least helpful part of this workshop for you?

Concentration of information--lost some just sitting for that long a period of time.
The room (1st room) was too small and too hot.
Maybe you could develop an assessment tool to use to screen possible preceptors for how much instruction they need prior to starting the next class.
First day was not as beneficial as 2nd day, though I suppose the groundwork was essential.
It was all pertinent information so I don't think any of the information was not helpful. Some information we may use more than another and I feel it was all helpful.
Organizational structure.
The micro-skill handout appeared to be written for a medical student. It was adaptable to a nursing student but would have been better if it fit a "nursing" situation.
I enjoyed all aspects of the workshop.

8. Comments/Suggestions

More real problems to solve through the students eyes!!
Thank you for a very informative and pleasant two days.
I'm very happy to have been able to participate even if I don't have a student. Most of the info/skills will be helpful in work and life.
For myself a list of objectives and a brief 4-hour discussion would have been adequate for me to feel prepared to be a preceptor. But ask me again after I have done it.
Video demonstrating an actual situation with preceptor/student.
Excellent preparation for the task.
Very profitable. By Nov. 17, trust this will have been as profitable for SCC.
I'm glad this section was added to nursing school, it is good preparation and an opportunity to try a different nursing role. Thanks.
Very thought out and planned seminar! This is one of the most appropriate courses I've taken which realistically deals with geriatrics. Issues such as time management, difficult families, patients, what to do with chronic interruptions, etc. Each problem was addressed and possible solutions given by everyone. Good job!
Re-gathering at the end of the quarter to discuss implementation/success of 1st group of preceptors.
I feel the groundwork for this new program is exceptional and workable.
I really enjoyed the two days of the preceptor workshop.
I enjoyed these two days. I have learned a lot about being a preceptor. Thank you.

APPENDIX X

Shoreline Community College
Dept. Nursing

Quarter: F/W/S Year _____
Preceptor: _____
Instructor: _____

Nurs. 212-M
Facility: _____

STUDENT EVALUATION OF MANAGEMENT PRACTICUM

Directions: Complete this Form at the end of the practicum.
Score: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent,
x = unable to assess or not applicable

The Preceptor:	RATING
1. Is knowledgeable about principles of nursing care for the resident	1 2 3 4 5 X
2. Is available to the student	1 2 3 4 5 X
3. Attempts to establish rapport with student	1 2 3 4 5 X
4. Assists the student in the clinical area	1 2 3 4 5 X
5. Supervises student activities/nursing care	1 2 3 4 5 X
6. Communicates with student verbally or in writing regarding student progress	1 2 3 4 5 X
7. Gives constructive criticism to student	1 2 3 4 5 X
8. Uses pertinent information obtained from appropriate clinical facility staff regarding student's performance to give feedback to student	1 2 3 4 5 X
9. Encourages student to function at optimum level and toward independent functioning	1 2 3 4 5 X
10. Responds constructively to student's ideas and experience	1 2 3 4 5 X

The Instructor:	
1. Is available to the student for special needs	1 2 3 4 5 X
2. Provided necessary assistance to adapt to preceptor's setting	1 2 3 4 5 X

The Facility:	
1. Was conducive to meeting the student's learning needs	1 2 3 4 5 X
2. Provided necessary assistance to adapt to preceptor's setting	1 2 3 4 5 X

COMMENTS:

Shoreline Community College
Dept. Nursing

Quarter: F/W/S Year _____
Preceptor:_____
Instructor:_____

Nurs. 212-M
Facility:_____

STUDENT EVALUATION OF MANAGEMENT PRACTICUM

Directions: Complete this Form at the end of the practicum.
Score: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent,
x = unable to assess or not applicable

The Preceptor:	RATING % 4	% 5
1. Is knowledgeable about principles of nursing care for the resident	27%	58%
2. Is available to the student	23%	65%
3. Attempts to establish rapport with student	27%	61%
4. Assists the student in the clinical area	23%	62%
5. Supervises student activities/nursing care	19%	58%
6. Communicates with student verbally or in writing regarding student progress	31%	46%
7. Gives constructive criticism to student	31%	54%
8. Uses pertinent information obtained from appropriate clinical facility staff regarding student's performance to give feedback to student	27%	46%
9. Encourages student to function at optimum level and toward independent functioning	15%	65%
10. Responds constructively to student's ideas and experience	27%	58%
The Instructor:		
1. Is available to the student for special needs	27%	62%
2. Provided necessary assistance to adapt to preceptor's setting	23%	50%
The Facility:		
1. Was conducive to meeting the student's learning needs	19%	46%
2. Provided necessary assistance to adapt to preceptor's setting	23%	42%

COMMENTS:

STUDENT EVALUATION OF MANAGEMENT PRACTICUM
FALL QUARTER 1988

PRECEPTORS:

* fantastic.
* I learned a lot from watching the preceptor's management style.
* The preceptor was excellent.
* I felt I learned a great deal from this experience and you (preceptor).
* (Preceptor's name) - an excellent preceptor.
* Thank you for your teaching and patience.
* My preceptor was willing to take the time and put in the effort to show me the realities of supervisory nursing, and that not only is it very demanding, but positively challenging, too!
* I was very well received by my preceptor and other staff as well. I was offered a variety of opportunities to fulfill my objectives. My preceptor provided me many learning opportunities in procedures/treatments and we frequently discussed management issues, problems and how to deal with them.
* provided me with excellent insight into management skills and nursing in long term care.
* an excellent nurse.
* has been an excellent preceptor in teaching me communication skills, procedures, sensitivity toward staff, etc.
* has been a good, well organized preceptor. I learned a lot from her--managing care, staffing, etc. She is very receptive to (student) me, caring for the residents and the staff.

CLINICAL EXPERIENCE:

* Very excellent experience!!
* I had not considered long term care as an option before having this experience. It is definitely an option in my future now! I clearly saw how much impact one can have in the life of the residents and how communications with the residents enhances not only their lives but mine too!
* This clinical: a wonderful learning experience that helped me to utilize all of the education I've had this far. It opened my eyes and mind to new possibilities in nursing for me.
* I now have a much better picture of long term care and management and find it to be a very rewarding field.
* I feel this was a very valuable experience and a special one. I have learned that organizational skills are a necessity as well as a caring patient attitude. This is a different look at long term care, and it was definitely a positive experience.
* What to say?! - except that my pre-conceived ideas concerning long term care nursing have changed a lot. It's not all "dread and depressing" nursing care. And as an RN, you can really make a difference about the care given to these residents!
* The entire experience proved to be much more enjoyable/thought-provoking/ educational than I had anticipated. It has made me much more open to the possibility of working in long term care sometime in my nursing career. I really hadn't thought of this as an option before now.

STUDENT EVALUATION OF MANAGEMENT PRACTICUM
WINTER, SPRING QUARTERS 1989

PRECEPTORS:

* A very positive experience.
* There are many facets to management positions that I hadn't considered, including staff evaluation and the financial impact of care and how that impact relates to the facility as a whole.
* I appreciated the interest and time my preceptor invested in this experience.
* As I became more comfortable with the routine and got to know the staff better, I was more comfortable evaluating care and giving feedback.
* I've learned that to be able to be an effective manager takes a conscious effort and probably a lot of practice.
* Ultimate goal -good, safe, competent care for the patients and keep personal problems and biases out of the way.
* I very much enjoyed this clinical because it gave me a change to organize and perform duties on my own.
* I feel I was a competent and successful nurse these past few days. I was quick to understand instructions and carried them out properly and safely.
* I was able to organize my day so I could accomplish my duties by the end of the shift.
* I reached all the objectives without any difficulty, even with a missed day due to snow.
* I am glad I had this opportunity.
* Enjoyed conferring with nurses and physicians concerning residents care.
* Was encouraged to be self-sufficient and was given freedom to use skills I had learned in lab.
* Thanks (preceptor) for a positive experience.
* I felt that the experience at (facility) was of value and beneficial in respect to what might be expected of me as a team leader in this type of facility.
* I felt as though I gained understanding of the job description and feel with appropriate orientation and time could perform the position with confidence.
* The management practicum was a great experience and worth repeating.
* I was able to strengthen my skills and recognize areas where growth was needed.
* I really enjoyed the experience at (facility).
* It was nice to see the role of a long-term care RN.
* I felt that I communicated well with the staff and that they felt comfortable with me, although I didn't feel that I had enough contact with the assistants at times.
* I enjoyed working with the residents and I felt we had a good rapport with each other.
* I felt this was a learning experience for me.
* All my objectives were met and other tasks as well.
* I felt comfortable and enjoyed the amount of feedback we gave to the staff and residents.
* I was a little ambivalent about this management clinical, but found myself really enjoying myself.
* I got experience that I really needed before finding myself out in the "real world."
* I really appreciated all of (preceptor's) encouragement and support and highly recommend her to other students.
* Gave me opportunity to learn new skills.
* Liked this experience because you get to know the residents.
* I have a much broader knowledge of the paper work involved in nursing, also the role of various health care members.
* I felt I was able to administer meds and do treatments with initial guidance and occasional correction by preceptor.

* Hardest part was interacting with nursing assistants, knowing what they were doing, and feeling comfortable in communicating concerns with nursing assistants. As clinical continued I felt I was better able to talk with them.
* I feel I was able to develop an understanding of the unit supervisors role, although it was difficult for me to try and put myself in that position, particularly with 30-32 patients.
* During my first 2 days I was prioritizing and functioning in more of an "acute care mode." Since then I realized the unit supervisors role is a fine balancing act of prioritizing, direct care, book work, assessments and assignments.
* I was comfortable in giving report and obtaining feedback from the aides and with contacting the doctor's office, however I feel I would need to work on balancing priorities in a management position.
* (preceptor) thank you for all your help and patience!

APPENDIX XI

Rhododendron, Washington State Flower

Aging and Long Term Care REVIEW

Washington State Aging & Adult Services

March/April 1989

Centenarians To Be Honored by AASA

In honor of the state's Centennial, Aging and Adult Services Administration (AASA) has planned events to recognize and honor Washington State centenarians. Approximately 450 eligible people have had their names sent to AASA. These centenarians received a letter and certificate from Governor Gardner honoring them for their contributions.

Additionally, an intergenerational activity list, "Ideas to Honor Centenarians and Older Washington Citizens During the Centennial", is being mailed to community organizations and media throughout the state. AASA hopes local groups will use the ideas to hold community events. Names of local centenarians can be obtained from Area Agencies on Aging.

A special luncheon for a few selected centenarians will be held in May at the Executive Mansion with Governor and Mrs. Gardner. Horizon Airlines has generously donated tickets for centenarian travel. In addition, four Olympia hotels, the Tyee, the Westwater Inn, the Governor's House, and the Aladdin, are contributing rooms for overnight guests.

AASA wants to know of any events or activities honoring centenarians in your community. For more information and to tell AASA of your event, contact Christine Parke, AASA, HB-11, Olympia, WA 98504-0095 or call (206) 753-5805 or SCAN 234-5805.

Inside.....

Implementing OBRA

Medicare Expansion

Updating the Nurse's Image

Core Training Has Been Developed for Field Services and Aging Network

by Shirley Stirling

"Pretty vital stuff----no time wasted ----the trainers were enthusiastic and knew their subject ---- I would recommend it for any of my staff." These were comments made by Neil Burnett, Supervisor of the Kelso/Chehalis Aging and Adult Field Services (AAFS) regarding a CORE training he recently attended. Neil has worked for the department for 24 years.

"Good training ----served as a refresher course on social work issues ---- worthwhile ----it helped me in knowing what to look for in symptoms and aspects of chronic illness ----gave me increased awareness of problems that affect the elderly." These comments were made by Gene Tewalt, MSW, social worker in Spokane AAFS regarding the introductory CORE training he recently attended. Gene has worked for the agency six months.

The Aging and Adult Services CORE Training Program, contracted through the University of Washington, is designed for the in-service education of social workers, community nurse consultants, and case managers in field services and aging network programs. These people work directly with frail elderly and disabled adults who require long-term care sevices to stay in their own home or community. The training is not programmatic; rather, it is designed to increase theoretical knowledge and practical skills, and to strengthen the professional identity of social service staff in the long-term care field.

The CORE training is divided into four components, or CORES. Each focuses on what is needed for effective service delivery in helping clients to obtain greater independence and autonomy while preventing unnecessary institutional care. Adult development, skill building, culturally sensitive case services, critical issues in case management, and adult protective services are the CORE topic areas.

The adult protective service segment was added after the reporting of adult abuse and neglect became mandatory in July, 1985. It is offered at both the basic and advanced levels. Topics range from the recognition of physical abuse, financial exploitation, and self neglect to ethical considerations and the law.

The training program grew out of a 1982 five-day workshop for Adult Services Supervisors. The program was developed as a response to the identified training needs of social workers who serve the disabled, unemployed, and frail elderly. Such clients receive department services through a number of complex programs. It was recognized that in order to be effective, staff require knowledge and skills which could be acquired systematically in a planned training sequence.

The program, now in its sixth year, has been developed and modified to meet the needs of the social work practice identified by training participants and their supervisors.

In 1982 Adult Services incorporated not only long-term care and protective services but employment program and incapacity determinations for public assistance recipients, as well.

In 1987 the aging network case management staff were included in Aging and Adult Services CORE training program. The purpose was to provide a consistency in the basic training of all community-based social service staff within Aging and Adult Services Administration and to encourage coordination and teamwork between Aging and Adult Field Services and aging network case management staff.

The 1988-89 Aging and Adult Services Training Program schedule and curriculum was recently published and distributed by Social Work Continuing Education, University of Washington. For more information contact Social Work Continuing Education, University of Washington, JH-30, Seattle, Wa 98195.

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Partnership Expands Nursing Home Education

The W. K. Kellogg Foundation awarded a $288,900 grant to the Nursing Department of Shoreline Community College in June 1987. The goal: improve the care of the elderly in Northwest King County. Participating nursing homes include Anderson House, Arden Nursing Home, CRISTA Senior Commuity, Foss Home, Greenwood Park Care Center and Park Ridge Care Center.

Shoreline was one of six community colleges around the country to receive this grant. Titled the Community College-Nursing Home Partnership, it provides staffing, supplies and equipment to support developments in the following four areas:

Nursing Home Development: It enables Shoreline to provide classes for all levels of nursing employees in participating nursing homes. The nursing homes also have access to the college media center's materials on aging.

Faculty Development: The grant has enabled Shoreline's nursing faculty to attend short courses and workshops offered by the Northwest Geriatric Education Center and others. One Shoreline faculty member was certified by the American Nurses' Association as a gerontological nurse.

Curriculum Development: The grant supports curriculum revision, resulting in the incorporation of geriatric content throughout the curriculum. A management course has been developed that includes a practicum with staff nurse preceptors in nursing home settings. Special classes, conducted on the Shoreline campus, had the dual effect of preparing the preceptors for this role and providing continuing education in the area of leadership.

Community Education: Planning is in progress for a campus course relating to aging and the elderly. Continuing education for community nurses and others interested in aging will be offered.

"Although the final results have yet to be measured, there are several indicators of an overall positive impact," says Celia Hartley, project coordinator for the Shoreline grant. The most dramatic of these is the testimony of students, preceptors, nurse managers and faculty involved in the management course. Their comments are uniformly positive and reflect the coming of age of long term care as a viable career choice for Shoreline nursing graduates.

For more information contact Celia Hartley, Project Coordinator, Community College-Nursing Home Partnerhship, Shoreline Community College, 16101 Greenwood Avenue North, Seattle, Washington, 98133; telephone: (206) 546-4743.

Senior Citizens Lobby Reconvenes

The Senior Citizens Lobby, a nonprofit senior advocacy organization located in Olympia, has elected new officers. Voted in were Eleanor Brand as President, Evan Iverson as Vice President, Mildred Cole as Secretary, and Helen Rasmussen as Treasurer.

Open meetings are held on the second and fourth Mondays of each month throughout the legislative session. They begin at 10:00 a.m. at St. Placid Priory in Lacey.

This statewide organization historically has been a leading senior lobbying group to critique and advocate for policy and legislation related to senior health care, insurance, housing, energy and utilities, retirement, and taxation issues. The organization monitors bill hearings, develops written materials, operates an information and assistance hotline, testifies on bills, and welcomes volunteer assistants. For more information call (206) 754-0207.

OBRA to Affect Nursing Care Consultant Role

by Rodney Atkins

Starting in April 1989, NCCs will not only complete the standard Client Profile and make the routine level of care (LOC) determination, but will help assure that residentswho may be mentally ill (MI) or mentally retarded (MR) are assessed of their need for active treatment. This change is due to the Omnibus Budget Reconciliation Act of 1987 (OBRA).

By June 1, 1989, all residents in nursing homes will have been screened by nursing facility staff to determine whether the resident is likely to have a mental illness and/or developmental disability. Even though private pay patients will be included (as required by federal law), the department will not require or deny placement of private pay patients based on this screening process.

NCCs will receive all positive screen forms. They will provide the local community mental health provider or the Developmental Disabilities Office with a copy of the completed screening form, a copy of the latest client profile, and the next scheduled review date for each patient.

When the NCC makes the next regular review of residents with positive screens, he or she will complete the client profile, make a level of care determination, and verify documentation to justify the screening decision. They will also make a referral to the local community mental health provider or the Developmental Disabilities Office to determine if active treatment would be appropriate.

A referral will not be made if a residents is discharged from an acute care hospital and admitted to a nursing home for recovery from an illness or surgery for 120 days or less. Individuals in this category will be allowed to remain in the nursing home subject to the usual qualification requirements.

If the active treatment assessment indicates the resident needs active treatment, the resident will not be allowed to remain in the nursing home unless he/she has been a resident of a nursing home for at least 30 months prior to the date of the initial screening or is 65 years or older and chooses not to participate in an active treatment program.

Residents who do not need active treatment will be allowed to remain in the nursing home as long as they are in need of nursing care.

NCCs will continue to monitor each resident to determine the need for nursing care, to make referrals if there is a change in the resident's mental health status, and to ensure that appropriate care is provided.

People

Vern Leidle recently took the lead as director of the Washington State Senior Environmental Corps. He is instrumental in linking other retired senior citizens with natural resource agencies needing volunteers to participate in a wide variety of activities.

Jerry Reilly, Assistant Secretary of Economic and Medical Services, resigned from the Department of Social and Health Services. He will take a position as Executive Director of the Washington Health Care Association.

Bob Lolcoma, Director of Economic and Medical Field Services, has been appointed acting Assistant Secretary.

CNCs and OBRA

by Kevin Krueger

Since January 1, 1989, the Department of Social and Health Services' Community Nurse Consultants (CNCs) have assumed a new role -- coordinating the federally-mandated Pre-Admission Screening and Annual Resident Review (PASARR) process for individuals applying for admission to a nursing facility. CNCs have an important role in implementing part of the federal OBRA.

The intent of the law and PASARR is to ensure that individuals who have a mental illness or developmental disability are not inappropriately placed in nursing homes. Advocates for the developmentally disabled and the mentally ill had lobbied Congress, claiming that some residents did not require the care provided by a nursing facility and should be in other settings, while others were not receiving appropriate therapeutic or rehabilitative services ("active treatment") while residing in a nursing home.

Applicants who require active treatment will be referred to either the Division of Delopmental Disabilities or Mental Health agencies for appropriate services.
So long as the applicant needs nursing care and does not require active treatment services, the PASARR requirement does not prohibit person with a developmental disability or mental illness from entering a nursing home.

The hospital, physician, or other referral source will screen all applicants to a Medicaid-certified nursing facility prior to admission, to identify whether the applicant is likely to have a mental illness and/or developmental disability. Those identified as likely to have one of the above must then be assessed of their need for the level of care provided by a nursing facility and their need for active treatment. Some people may be exempt from the PASARR screening if they would be unable to benefit from an active treatment service plan, e.g., those who are admitted to a nursing facility for short-term convalescent care, terminal illness, severe illness or dementia.

CNCs are responsible for determining an applicant's need for nursing facility care and arranging for an active treatment assessment. For applicants who are identified as likely to have a mental illness, the CNC will contact the county mental health provider who, in turn, will determine the applicant's need for active treatment. For applicants who are identified as likely to have a developmental disability, the CNC will contact the Division of Developmental Disabilities' regional staff, who will determine the applicant's need for active treatment.

Updating the Nurses's Image

From National League for Nursing press release.

Outdated views of nursing will be wiped out with a media blitz by the Nursing Tri-Council, which received an $800,000 grant for a two-year, comprehensive public relations campaign.

The Nursing Tri-Council, consisting of National League for Nursing (NLN), the American Nurses Association, the American Association of Colleges of Nursing and the American Organization of Nurse Executives, received the grant from Pew Charitable Trusts in Philadelphia.

According to a NLN spokesperson, the average American probably sees a nurse on television five to ten times a week, and with few exceptions they are portrayed inaccurately as submissive hospital servants lacking professional status and responsibilities.

Project administrators will use the fund to target a variety of media, including unpaid and paid broadcast and print media placements in public service campaigns, news stories, feature stories and entertainment programs.

Another aspect of the program will involve training a select group of nursing spokespersons who will be able to use public speaking tours to reach local and national media.

Claire Fagin, Dean of the School of Nursing at the University of Pennsylvania and instigator of the program, said the project will emphasize prime roles nurses play as health information specialists who can explain to consumers in lay terms the mysteries of the health-care system and as bedside caregivers, caring for patients 24 hours a day.

Legislative Issues of 1989

There are a number of issues before the 1989 Legislature. Some of these are Title XIX Personal Care, Adult Family Homes, Transfer of Assets, Guardianship, OBRA Sanctions, Receivership, Nursing Home Bed Hold, Nursing Home Special Needs Study, and Respite Statewide,

If you wish to check on the status of a bill or leave a message for your legislator, you may call the **Legislative Hotline** at 1-800-562-6000.

If you wish to obtain copies of a bill, you may call your legislator, the hotline, or write to :

Legislative Bill Room
Legislative Building, AS-11
Olympia, Washington 98504

To receive the **Senior Citizens' Weekly Legislative Newsletter**, published by Aging and Adult Services Administration during legislative sessions, call 1-800-422-3263 and ask to have your name put on the mailing list.

Brochures Available on Asian Ethnic Groups

A series of brochures on Asian Pacific American ethnic groups is now available through the State Commission on Asian American Affairs.

The publications promote understanding of the diverse ethnic groups that comprise the Asian Pacific American population.

The brochures cover Southeast Asian, South Asian, Japanese, Chinese, Filipino, Korean, and South Pacific Americans. Each brochure gives a brief history of each group, its immigration to the U.S., current problems, lifestyle, community organizations and leaders.

To order copies, call the Commission office at (206)321-5820 or SCAN 586-5820.

Medicare Expansion for Qualified Medicare Beneficiaries (QMB)

by Shirley Stirling

From "The Case Record," Region 6 Aging and Adult Field Service newsletter, Winter 1989.

Federal legislation entitled The Catastrophic Coverage Act of 1988 is the largest expansion of the Medicare program in the 23 years Medicare has been in existence.

One important feature of this legislation is a new medical assistance program to benefit low income persons receiving Medicare. In the first year alone, it is expected that 1,100 additional people statewide will qualify for this new program called Qualified Medicare Beneficiaries (QMB). It is offered through the state Medicaid program and will benefit poverty-level elderly and disabled individuals. Local Economic and Medical Services Offices are now accepting applications for QMB.

QMB provides payment for a Medicare beneficiary's cost share of Medicare monthly premiums, any Medicare deductibles, and coinsurance payments. Eligible are low-income persons enrolled in Medicare Part A Hospital Insurance. QMB will assist low income persons not previously eligible for Medicaid. Additionally, current Medicaid recipients who meet program criteria will receive increased benefits that were previously allowed under Medicare but not under Medicaid (i.e., hospice, certain medical equipment).

Persons currently receiving SSI grants and Medicaid recipients in institutions will not need to apply in order to receive the benefits of QMB. Others, when applying, must present their Medicare Hospital Card or a document which verifies Part A enrollment.

To qualify for QMB, the non-exempt resource level of a one-person household can be up to $4,000 and income can be up to $409 per month (85% of the federal poverty level). The income level will be raised each year until, in 1993, those qualifying may have an income up to 100% of the poverty level. As with other need-based programs, there are some exclusions to the stated resource limits (for example, the house one lives in, a car used for transportation needs, and funds set aside for burial).

In 1991 the program will be expanded to help poverty-level Medicare beneficiaries pay deductible and co-insurance requirements for the new outpatient prescription drug benefit. This benefit is also a provision of the Catastrophic Coverage Act of 1988.

Application can be made at the local Economic and Medical Services Office.

Intergenerational Service Projects

The Washington State Coalition for Citizen Service, in conjunction with Aging and Adult Services Administration (AASA), wants to identify service projects where youth (elementary school through college) provide a service to older adults. Projects can be school or community sponsored. AASA will publish a listing of such projects and keep them informed of available training. Projects will also be kept aware of legislation impacting intergenerational youth service projects.

Examples include escort and companion services, weatherization , meal preparation and delivery, telephone reassuance, volunteer chore services, friendly visiting to isolated homebound older persons or nursing homes, and literacy and English-as-a-second-language programs.

If you know of such a project, please contact Hilari Hauptman, AASA, HB-11, Olympia, Wa. 98504-0095, (206) 753-0174 or SCAN 234-0174.

AIDS Training

Each of twenty-two professional boards has required AIDS training to be completed before relicensure. Most of the boards require seven hours of training.

The Office of HIV/AIDS, Department of Social and Health Services, has a monthly listing of courses which can be taken to complete relicensure requirements. To receive this mailing, you can contact Sandy Hellman at 753-3460. County health departments also can be contacted for a listing of local AIDS training sessions.

Upcoming Training

Life Initiatives Family Training Project

Location: St. Joseph Community Hospital, 600 NE 92nd, Vancouver, WA 98668.
Dates: March 31-April 1.
Sponsor: Washington State Head Injury Foundation (WaSHIF).
Contact: Jenny Solomon, WaSHIF, 300 120th Ave., NE, Bldg, 3, Suite 131, Bellevue, Wa 98005.

Honoring Tradition, Welcoming Change

Location: Baltimore, Maryland.
Date: June 28-July 1.
Sponsor: National Association of Nutrition & Aging Services Programs (NANASP).
Contact: NANASP, 2663 44th Street SW, Suite 205, Wyoming, MI 49509, 1-800-999-6262.

Pre-Adminission Screening & Annual Resident Review

Dates and Locations: March 28, Spokane Ramada Inn; March 30, Olympia Westwater Inn; April 3, Everett Pacific Hotel.
Sponsor: Washington Association of Homes for the Aging (WAHA).
Contact: Kathy Marshall, WAHA, (206) 526-8450.

Alzheimer's Disease - Current Concepts and Issues

Locations and Dates: Pt. Angeles - June 19; Longview - July 10.
Sponsors: Northwest Geriatric Education Center; Veterans' Administration GRECC Program, and Western Washington Area Health Education Center.
Contact: Northwest Geriatric Education Center (206) 545-74 8.

International Association for the Study of Traumatic Brain Injury World Congress

Location: San Jose, California.
Dates: April 9-10.
Contact: Steve Forer, Santa Clara Valley Medical Center, 751 S. Bascom Ave., San Jose, Ca. 95128.

National Conference on the Aging Conference

Location: New Orleans.
Dates: March 29-April 1.
Contact: National Conference on the Aging, 600 Maryland Avenue SW, West Wing 100, Washington, D.C. 20024, (202) 479-1200.

Humor, Health and Heart in Caregiving

Location: Seattle.
Date: May 13.
Sponsors: Washington State Association of Area Agencies on Aging, Aging and Adult Services Administration, Seattle-King County Public Health Department and Pike Market Medical Clinic.
Audience: Caregivers.
Contact: Florence Sakazaki, (206) 684-0651.

"Charting Horizons" 23rd Annual Convocation

Location: Honolulu, Hawaii.
Dates: April 1-5.
Sponsor: American College of Health Care Administrators.
Contact: Ardythe Jones, American College of Health Care Administrators, 8120 Woodmont Avenue, Suite 200, Bethesda, Md. 20814.

"Wellness and Aging: The Next Ten Years"

Location: University of Washington, Seattle.
Date: June 14.
Sponsor: American Society on Aging (ASA).
Contact: ASA, 833 Market St., Suite 516, San Francisco, CA 94103, (405) 543-2617.

Charles E. Reed, Assistant Secretary
Aging and Adult Services Administration
Mail Stop HB-11
Olympia, Washington 98504

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Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES

APPENDIX XII

FOLKS OVER 50! TREAT YOURSELF TO:

SUMMERCOLLEGE FOR SENIORS

An Educational Sampler for Senior Adults on the Campus of
Shoreline Community College
16101 Greenwood Avenue North, Seattle, WA 98133

July 25 - 29, 1988

8:30 a.m. to 1:30 p.m. each day

PROGRAM AND CLASS SCHEDULE:

Classes are presented by SCC faculty and staff and instructors from co-sponsoring organizations.

8:00 - 8:30 a.m.

Registration, Coffee, and Conversation. "Welcome Wagon" serving coffee and snacks during breaks between classes.

Participants choose one class at each class hour. (Detailed course descriptions can be found on back of this flyer.)

8:30 - 9:30 a.m.

Guided Meditation And Relaxation - with Irene Wagner, Therapist

Identify The Rocks (and Minerals) In Your Life! - with Donn Charnley, SCC Faculty

The Philosophy Of Religion: Arguments On The Existence Of God And The Meaning Of Life - with Paul Herrick, SCC Faculty

Art And Literature Of Greece And Rome - with Dennis Peters, SCC Faculty

Put A "Mac" In Your Life: A Computer Workshop For Beginners - with Jim Fink, SCC Computer Lab Technician

9:45 - 11:00 a.m.

The Many Faces Of Friendship - with Margaret Svec, SCC Professor Emeritus and Doris Olson Warbington, Program Coordinator, SCC Women's Center and Senior Programs

The Geography Of North America - with Clyde Fisher, Director, Lifetime Learning Center

"Thinking On Your Feet" - with Virginia Bennett, SCC Faculty

***Quo Vadis*, Washington? - Geology Of The Northwest - with Donn Charnley, SCC Faculty**

Put A "Mac" In Your Life: A Computer Workshop For Beginners - with Jim Fink, SCC Computer Lab Technician

11:15 a.m. - 12:30 p.m.

Downstage, Upstage, Onstage - with Willy Clark, SCC Faculty

Your Personal Power: Understand, Enhance And Use It! - with Joyce Halsan, SCC Faculty

"Good Grief!" - Dealing With The Normal, The Natural, And The Necessary Of The Grieving Process - with Ann McCartney and Elizabeth Nowlis, SCC Faculty

Pacific Northwest History: The British Connexion - with Lloyd Keith, SCC Faculty

Put A "Mac" In Your Life: A Computer Workshop For Beginners - with Jim Fink, SCC Computer Lab Technician

Daily Sampler (Class has different lecturer each day)

Monday: **Archaeological Excavation Of Hopi Indian Village - with Chuck Fields, SCC Registrar**

Tuesday: **Bioethical Issues Related To Birth - with Celia Hartley, SCC Nursing Faculty**

Wednesday: Geologist In Turkey: Perceptions, Connections, Contradictions - with Richard Conway, SCC Faculty

Thursday: **How To Test Your Soil - with Howard Vogel, Director of SCC Social Sciences Division**

Friday: **Bioethical Issues Related To Death - with Celia Hartley, SCC Nursing Faculty**

12:30 - 1:30 p.m

Lunch in the PUB. (Brown bag or purchase in college cafeteria, the PUB) and

SPECIAL EVENT FOR ALL PARTICIPANTS EACH DAY

Entertainment. Special guests. *"International Potluck"* and conversation with Shoreline's international students.

COST: $35. $40 after July 18. Fee includes full 5-day program, except for lunch costs. Some scholarships available.

FOR FURTHER INFORMATION: Call 546-4606.

Or ask other sponsors of *SUMMERCOLLEGE*: Shoreline Senior Center, Northshore Senior Center, Crista Senior Programs, Lifetime Learning Center, and Senior Services and Centers of Seattle/King County.

SUMMERCOLLEGE is planned and coordinated by the SCC Women's Center and the Office of Special Programs.

REGISTRATION

Complete and mail to Shoreline Community College, *Attention:*
Women's Center, 16101 Greenwood Ave N, Seattle, WA 98133.
Make checks payable to: Shoreline Community College

Name:_____

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Address:_____ Zip_____ Phone_____

SUMMERCOLLEGE FOR SENIORS

July 25 - 29, 1988

Course Descriptions: (Indicate your 1st and 2nd choice of classes for each class hour on the registration form.)

8:30 - 9:30 a.m.

Guided Meditation And Relaxation - with Irene Wagner, Therapist. Begin your day with a burst of energy! Come for an hour of guided meditation, relaxation and affirmation exercises with Irene Wagner, M.S.W., and leave feeling relaxed and calm for your day at Summercollege.

Identify The Rocks (and Minerals) In Your Life! - with Donn Charnley, SCC Faculty.

Have you ever wondered what kind of rock that was that you: found on the beach? discovered in your rockery? brought home from Yosemite? Look at the common rock-forming minerals, the three main types of rocks, and a little about how they were formed.

The Philosophy Of Religion: Arguments On The Existence Of God And The Meaning Of Life - with Paul Herrick, SCC Faculty.

Dr. Herrick touches on the many arguments for and against the existence of God--including the cosmological, the ontological, the nature of reasoning and logic, the arguments from evil and consciousness. A challenging class!

Art And Literature Of Greece And Rome - with Dennis Peters, SCC Faculty.

Opportunity to read some of the great poems and plays of the classic world and to view some wonderful slides. Special look at exciting places in the Roman Colony of North Africa, and Turkey.

Put A "Mac" In Your Life: A Computer Workshop For Beginners - with Jim Fink, SCC Computer Lab Technician.

Excellent opportunity to use the increasingly popular Macintosh Plus. Become familiar with its icon (picture); its MacWrite, MacPaint, and MacDraw software; word processing and graphics using Macintosh's clever Desk Accessories. A non-technical class. No prior computer experience needed. Limited to 12 persons.

9:45 - 11:00 a.m.

The Many Faces Of Friendship - with Margaret Svec, SCC Professor Emeritus and Doris Olson Warbington, Program Coordinator, SCC Women's Center and Senior Programs.

A discussion of the art of friendship as found in literature and our lives: How do we find and develop the kind of relationships that give us space to breathe, room to grow? Consider friendship! Lecture, discussion and group exercises.

The Geography Of North America - with Clyde Fisher, Director, Lifetime Learning Center.

Study the physical, cultural and economic geography of the North American continent from Arctic Ocean to Central America. Clyde Fisher, Director of the Lifetime Learning Center, covers the topography of the region and relates it to agriculture and population-distribution.

"Thinking On Your Feet" - with Virginia Bennett, SCC Faculty.

You've got something to say, but--in PUBLIC! When YOU'RE the center of attention! Spend a week with Virginia Bennett, SCC speech communications professor, learn invaluable skills, and be on-your-way to feeling comfortable "thinking on your feet."

***Quo Vadis*, Washington? - Geology Of The Northwest** - with Donn Charnley, SCC Faculty.

A look at the overall history and evolution of the Northwest and the relationship of plate tectonics to its geologic features-- e.g., rocks, Cascade and Olympic mountain ranges, Puget Sound, Eastern Washington. Also, what does the future hold in terms of earthquakes and volcanoes?

Put A "Mac" In Your Life: A Computer Workshop For Beginners - with Jim Fink, SCC Computer Lab Technician.

Repeat of 8:30 class. Limited to 12 persons.

11:15 a.m. - 12:30 p.m.

Downstage, Upstage, Onstage - with Willy Clark, SCC Faculty.

Spend an exciting week with Dr. Willy Clark, SCC drama professor. Experience "audition-to-opening-night," a backstage tour, casting scenes and doing a production, discussing a specific play/playwright.

Your Personal Power: Understand, Enhance And Use It! - with Joyce Halsan, SCC Faculty.

What kinds of power does each of us have? Legitimate, informational, expert, reward, coercive, referent--are a few that this class will define and evaluate, then discuss which are appropriate in different situations.

"Good Grief!" - Dealing With The Normal, The Natural, And The Necessary Of The Grieving Process - with Ann McCartney and Elizabeth Nowlis, SCC Faculty.

Professors Nowlis and McCartney will assist persons working through the everyday losses we all experience, as well as those dealing with the death of a loved one. Find ways to bring resolution to your losses with these two experienced facilitators.

Pacific Northwest History: The British Connexion - with Lloyd Keith, SCC Faculty.

A chance to explore the British influence in the Pacific Northwest up to 1846. Dr. Keith will focus on the role of the great fur companies in Washington and British Columbia.

Put A "Mac" In Your Life: A Computer Workshop For Beginners - with Jim Fink, SCC Computer Lab Technician.

Repeat of 8:30 class. Limited to 12 persons.

DAILY SAMPLER: 11:15 - 12:30 (Different lecture each day)

Monday, July 25: **Archaeological Excavation Of Hopi Indian Village** - with Chuck Fields, SCC Registrar.

Dr. Fields shares learning, slides and artifacts from an exciting summer experience--an archaeological "dig" in Hopi Indian territory in the American Southwest.

Tuesday, July 26: **Bioethical Issues Related To Birth** - with Celia Hartley, SCC Nursing Faculty.

Celia Hartley, Acting Director of Health Occupations Division, will explore and lead discussion on bioethical issues related to birth--including such topics as *in vitro* fertilization, surrogate motherhood, and abortion.

Wednesday, July 27: **Geologist In Turkey: Perceptions, Connections, Contradictions** - with Richard Conway, SCC Faculty.

Richard Conway studies geology all over the world. Last year he traveled from the Aegean and classic Ottoman cities to Eastern Turkey, where two continents crunch together in a "collision zone" of the earth's crust. Get in touch with geology as a vehicle for change--as a guide for becoming better tenants of our planet.

Thursday, July 28: **How To Test Your Soil** - with Howard Vogel, Director of SCC Social Sciences Division.

Discover how to test soils for nitrogen, potash and phosphorus deficiencies as well as the pH level. Learn how to correct deficiencies and adjust pH level to meet different plant requirements.

Friday, July 29: **Bioethical Issues Related To Death** - with Celia Hartley, SCC Nursing Faculty.

An exploration and discussion of bioethical issues related to death--e.g., determination of death, artificial support systems and organ donation.

ANNUAL REPORT

July 1, 1989 - June 30, 1990

Community College - Nursing Home Partnership
Improving Care Through Education

Submitted to
The W.K. Kellogg Foundation
By Shoreline Community College
Seattle, Washington

Celia L. Hartley, M.N., R.N.
Project Coordinator

Patricia M. Bentz, M.S.N., R.N.
Project Facilitator

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Shoreline Community College

ANNUAL REPORT TO THE W. K. KELLOGG FOUNDATION FOR PROJECT

TITLED

"THE COMMUNITY COLLEGE-NURSING HOME PARTNERSHIP:

IMPROVING CARE THROUGH EDUCATION"

July 1, 1989 - June 30, 1990

This report covers the third year of a three-year grant to Shoreline Community College to improve care for the elderly through partnerships between community colleges and nursing homes. Shoreline, one of four demonstration sites selected to cooperate with a parent grant written by Ohlone College and the College of Philadelphia, is located in the northwest corner of King County in Washington State. The College has been in operation since January 1964; the nursing program was initiated in 1966. The program, which is accredited by the National League for Nursing, has graduated over 1600 students and admits a new class of 36 each academic quarter. Fall 1990, the program anticipates an enrollment of 208 students, the largest student body since the inception of the program. Cooperating in project activities during this past year have been seven area nursing homes. One additional nursing home has not been participating in the project this year due to administrative changes and the impact on the facility.

It has been an honor for Shoreline Community College to be associated with this creative and outstanding project. As we come to the conclusion of this three year period we look back reflectively upon the changes that have come about in our curriculum, the increased depth and breadth of understanding the faculty now possess with regard to the needs of the elderly, and our intensified relationships with nursing homes in the community --all an outgrowth of the project. We look forward to the opportunity to share

these lessons and experiences with other nursing programs throughout the country. This report shares information regarding our last year's activities.

Objective I: Establish mechanisms that foster communication between the Shoreline associate degree nursing program, nursing homes and elder care centers and develop cooperative activities aimed at improving the quality of patient care.

Five of the six nursing homes included when grant activities began continue to be actively involved at the end of the third project year. One facility, inactive a year ago, stabilized administrative factors and they once again took an active role in project activities. In another facility complications led to their temporary withdrawal from active participation. Two nursing homes have been added to the original six, as the result of preceptor job changes, bring our "active" total to seven of eight (see Appendix I).

The Shoreline Kellogg Advisory Committee has met twice this year, on November 2, 1989, and May 9, 1990. The Advisory Committee has continued to be the source of many useful suggestions as well as of enthusiasm and encouragement. The May meeting was a luncheon meeting, honoring those individuals who have been actively involved on the Advisory Committee. It was held at Cristwood, a retirement condominium on the campus of CRISTA, one of our Partnership nursing homes.

The Staff Development Committee has met three times over the course of the third project year, on November 29, 1989; January 30, 1990 and March 13, 1990. This group provided many of the suggestions and direction for a series of 8 two-hour classes offered for nursing home staff. Titled "A Gerontological Smorgasbord," the classes were held on eight consecutive Tuesdays in March, April and May of 1990 (see Appendix II). Sixty-four licensed personnel attended one or more of the segments. Those serving as preceptors for the Management (Nursing 212M) practicum were allowed to attend free of charge.

The Staff Development Committee also identified continuing education needs for nursing assistants. Two thirty-minute presentations were developed: "Specific Observations - What to Look for & Why" and "Behavioral Changes - What to Do About It." The presentations were made during May and June at times convenient for nursing assistant staff members at four different nursing homes.

Two Preceptor Preparation workshops were held, on November 1 and 8, 1989 and on April 16 and 23, 1990. Designed to provide the necessary knowledge and skills for the registered nurses acting as preceptors for our Management practicum, the workshops were held at Cristwood on the CRISTA campus, just two and one-half miles from the Shoreline campus. Classroom space, parking and food service were all more easily accommodated at Cristwood than on the busy Shoreline campus. The Preceptor Preparation Workshops will be discussed in more detail under Objective III.

To recognize the contribution of persons serving as preceptors, each individual was offered án opportunity to attend a local gerontology workshop of their choice during the 1989-90 academic year. Six preceptors took advantage of this opportunity to sharpen their expertise and skills.

Although three Directors of Nursing from our Partnership nursing homes were invited and agreed to participate in the Partnership Staff/Faculty/DON meeting in Seattle on April 21, only one was able to attend. All are kept apprised of our Project activities through dissemination of minutes, Newslinks, Shoreline Updates and workshop brochures (see Appendix III). The presence of the faculty person assigned to the Management Practicum also helps to maintain interest in our Project activities.

Nursing students who have successfully completed Nursing 100 continue to enroll in courses offering 7 hours of AIDS content required by the state of Washington and

thereby qualify for nurse assistant certificates. Although students may attend an approved course anywhere they choose, many attend the course offered by one of our Partnership nursing homes at a reduced cost of $10 (others from the community are charged $20).

Students have continued to gain experience in monitoring and evaluating the care of older adults in the facilities to which they are assigned by meeting Nursing 212 (Management Component) objectives 4, 5, 6, 8, 9, 10, 12 and 13 (see Appendix IV).

Films, videotapes, books, and journals are available to Partnership nursing homes. In addition to those purchased during the first two years of the project, some materials directly related to the care of the older adult and some related to the teaching of skills in the program have been added. With the most popular materials, it has been necessary to purchase a second copy to assure availability of instructional materials for Shoreline students (see Appendix V).

Objective II: Provide a specific structure and incentive for faculty development activities to stimulate interest in and acquire skills for educating those responsible for the care of elders.

A faculty retreat, held September 14 and 15 at Silverdale, again served as the kick-off to grant activities for the school year. Eighteen full- and part-time faculty were in attendance, including three individuals new to the faculty. The retreat was a wonderful opportunity to introduce the new members of the faculty to the Community College-Nursing Home Partnership as well as to develop plans for the 1989-90 academic year.

Throughout the year nursing faculty at Shoreline attended a variety of workshops, courses and lectures related to different aspects of gerontology and the care of the older adult. In all, 18 faculty members attended 75 offerings (see Appendix VI). Six nursing faculty and one dental hygiene faculty will attend the Northwest Geriatric Education

Center's Fifth Summer Institute on Aging at the University of Washington this July. The focus of this week-long program will be on "Future Trends in Aging." In addition, Professor Barbara Van Droof successfully sat for the American Nurses' Association gerontological nurse certification exam and another faculty member will do so in October of this year.

Helen Hanson, Project Evaluation Consultant, was our consultant for a day-long seminar in December. The seminar, "Evaluation: Process and Outcomes," was attended by all full-time faculty.

Celia Hartley, Project Director and Patricia Bentz, Project Facilitator attended the Project Staff meeting at Asilomar in October. Six faculty members attended the Project Staff/Faculty/DON meetings in Seattle in April.

In October, Celia Hartley traveled to Fort Worth, Texas, to address National Network: Deans and Directors of Health Career Programs in Two-Year Colleges. Her presentation, "The Aging Population and Its Impact on Health Career Associate Degree Programs," was well received and led to many new contacts for the Project. Patricia Bentz, with Gail Cobe of Ohlone and Mary Ann Anderson of Weber, presented a poster session at the Western Institute of Nursing 4th Annual Assembly in Portland February 21-23. Pat also participated with Ivory Coleman of Community College of Philadelphia and Ann Carignan of Valencia in presenting "Creative Strategies for Teaching in the Nursing Home" at the Association for Gerontology in Higher Education 16th Annual Meeting in Kansas City in March. "Reflections on Observations About the Nursing Home Culture" was the title of a lecture given by Patricia and Gail Cobe at the American Society on Aging 36th Annual Meeting in San Francisco in April.

Objective III: Reexamine current curriculum to identify and describe changes necessary to enhance program emphasis on gerontology and the nursing role in long term care.

The 1989-90 school year represented a time to review the curriculum changes initiated earlier in grant activities and to hone and refine these. Faculty reviewed the philosophy and objectives of the program to determine that it appropriately incorporated language reflective of the increased emphasis on gerontology in the curriculum. This included reviewing the conceptual framework to add statements that would bring out the importance of the environment. It also included restating introductory comments regarding competencies to conform with the direction being taken by the Council of Associate Degree Programs of the National League for Nursing. The terminal objective regarding life span was rewritten to give emphasis to gerontology.

The course objectives for the last course in the program of learning "Pregnancy and Family Health" were revised, reviewed and adopted by the faculty. Major changes occurred in this area of the curriculum. Prior to the project, the theory reflected fifteen (15) minutes of content related to aging. It now includes three (3) hours of content related to the aging woman. During that quarter of study there was no practicum time spent with elders; after the curriculum changes thirty-two (32) hours were spent in long term care facilities. This accounts for the time spent in the management experiences. Course and unit objectives were altered to reflect these changes.

The fourth and fifth quarter of the program were also reviewed and revised to smooth out any rough areas related to shifting of content between the two courses. Theory and practicum objectives for both the fourth and fifth quarter were revised and approved. The management course, added to the curriculum as a result of project

activities, was reviewed. Objectives were added to give greater direction to student learning.

When the preceptor relationship was established with nursing homes, the cost of staff replacement, faculty salaries for preparing the preceptors, and meeting costs were funded from the W. K. Kellogg Foundation grant. Looking to a time when grant funds would no longer be available, faculty have made adjustments in the preceptor classes to assure that they can continue in the future. The content has been condensed to a one-day workshop. Discussions have occurred between the school and nursing home facilities about the value of the preceptor relationship to the nursing homes. It appears that it provides enough staff development and other benefits that the relationship will be able to continue without staff replacement costs being reimbursed.

The year ended with the curriculum committee reviewing and revising the format for the nursing care plans for each course. Changes were made in the format for all first year courses to reflect new areas of assessment and to standardize the format. Work will be continued in the fall on the care plans used by second year students. The objectives for Nursing 102 (Psychosocial Nursing), both theory and practicum, will be reviewed and revised fall 1990.

Faculty started the school year with a retreat scheduled prior to the time other campus faculty were expected to return to their positions. This provided the opportunity for new faculty to become acquainted with returning faculty and for the total group to establish goals for the year.

Objective IV: Implement learning experiences designed to foster in students positive attitudes toward work with elders and to encourage graduate interest in gerontological nursing as a career choice.

Students continue to make positive evaluative comments about the longitudinal relationship established with an older adult as a part of the Nursing 102 (Psychosocial Nursing) experience. The Nursing 212M (Management Practicum) experience finds students surprised and impressed by the myriad of skills required of the registered nurse in the nursing home setting (see Appendix VII). A new undertaking this year for Shoreline was the Student Awareness Day held on May 3, with 150 nursing students from five community college nursing programs in attendance. Enthusiasm ran high among the participants and a picture of the event appeared on the front page of the employment section of the paper the following Sunday (see Appendix VIII). A new experience, "The Well Older Adult Experience" has been developed for implementation fall 1990, at the Nursing 100 level. Students will spend time at one of several local senior centers talking with an older adult and viewing the activities taking place there. This experience will take place during the first week of the quarter, before the students begin their experience with the older adults in the nursing home setting (see Appendix IX).

Objective V: Evaluate all project activities, both process and outcomes.

Throughout this last year of grant funding, all activities have been evaluated. Students' attitudes and knowledge of gerontology are surveyed on entry into the program and again on exit. Nursing courses continue to be evaluated by both faculty and students. All workshops conducted in association with the Partnership goals are evaluated. Some of the evaluative reports are included in the appendices of this report. In December, Dr. Helen Hanson visited our campus and worked with the project coordinator and facilitator regarding evaluation activities for all schools. Some last minute changes were made in the evaluation plan as a result of her visit. In addition to the above, the curriculum committee has been reviewing basic structures of the program of

learning to determine that the changes implemented with regard to the increasing emphasis on gerontology are consistent with the conceptual framework, the philosophy, and the objectives of the program. This was discussed in more detail under Objective III.

Objective VI: Report evaluation of project processes and outcomes to the project administrator and develop plans for dissemination of findings to associate degree nursing educators, nursing homes, and others interested in care of the elderly in the community.

The Community College-Nursing Home Partnership at Shoreline was responsible for the Winter, 1990 issue of Newslinks, the theme of which was the integration of gerontology into nursing curricula. Celia Hartley wrote the lead article, "From Vision to Victory - Making Significant Curriculum Revisions." Each Project school contributed an article related to an aspect of curriculum development that occurred at their project site as a result of the Community College-Nursing Home Partnership (see Appendix X). Newslinks and Shoreline "Updates" are routinely distributed to all nursing homes involved with the Shoreline project, to Project schools, to the Shoreline Board of Trustees, President, Executive Vice President and other school department heads, as well as others in the community at large who have indicated an interest.

Twice a year Celia Hartley reports on Kellogg Grant activities to the Council on Nursing Education in Washington State, a group made up of the deans, Directors or Coordinators of nursing programs in Washington State.

Celia and Patricia were again on the program at the Northwest Geriatric Education Center's Summer Symposium, held in July at the University of Washington. A round table discussion, "Strategies for Integrating Gerontology into Nursing Curricula," as well as a poster session, "The Community College-Nursing Home Partnership at Shoreline

Community College," were presented and generated much enthusiastic discussion and interest.

Celia's presentation in Texas and Pat's participation in presentations in Portland, Kansas City and San Francisco were discussed under Objective II, faculty development activities.

The Community College-Nursing Home Partnership at Shoreline was the featured presentation at the final Shoreline Board of Trustees meeting this spring quarter. Celia Hartley and three faculty members presented a synopsis of Project activities to an impressed and enthusiastic audience of Board members and faculty. It was indeed an invigorating way to end the school year and the Community College-Nursing Home Partnership Demonstration Project.

Other: During the three years that Shoreline has been involved in the Community College-Nursing Home Partnership, we have been sensitive to the challenge to form linkages that expanded beyond the nursing component of the community college to other areas of study. Specifically, we have worked with members of the faculty of the Dental Hygiene program to encourage the incorporation of more gerontological content in the dental hygiene courses and to encourage the placement of dental hygiene students in long term care facilities for clinical experiences. Most long term care settings do not provide dental or dental hygiene prevention programs or treatment facilities within the institution. The number of dentate elderly are growing as life expectancy grows and oral health prevention prevails. Good dental care needs to be available to these residents.

Summer 1989, some funds from the grant were used to provide reimbursement to two dental hygiene faculty to do some curriculum planning that would result in student

placement in a nursing home. A course in the dental hygiene curriculum, Community Dental Health, was revised to increase students' clinical focus on the preventative oral health needs of residents institutionalized in a local nursing home. Four goals were identified:

1) perform oral health assessment and evaluation on the residents

2) assess facility, personnel and equipment for planning an ongoing clinical training and treatment program for the residents

3) coordinate conditions necessary for health care knowledge exchange between nursing and dental hygiene students for preparation to meet the future challenges of older adult "total" care provision

4) experience the interaction skills necessary to treat individuals with multidisciplined/compromised medical conditions of the elderly.

As a result of this work each student performed or assisted with at least one prophylaxis for a long term care resident. Six students prepared and delivered an oral health in-service to the facility nurses and staff. Six students prepared and delivered an oral health in-service to a class of nursing students. Twelve students performed oral health screening, data collection, and preliminary data analysis.

In October, Celia Hartley addressed a group of division chairs responsible for allied health programs about the incorporation of gerontology in these programs. The presentation, given in Fort Worth, was well received.

In other outreach activities, Celia Hartley will again teach in the "Summercollege for Seniors" event offered for one week to older adults who come to campus and attend special classes and events. The lectures she has presented on bioethics continue to be favorites with attendees.

APPENDIX I

Participating Nursing Homes

Anderson House	17127 15th NE, Seattle, WA 98155
Arden Nursing Home	16357 Aurora Ave. N., Seattle, WA 98133
Columbia Lutheran Home	4700 Phinney N., Seattle, WA 98133
CRISTA Senior Community	19103 Fremont Ave. N., Seattle, WA 98133
Foss Home	13023 Greenwood Ave. N., Seattle, WA 98133
Greenwood Park Care Center	13333 Greenwood Ave. N., Seattle, WA 98133
Park Ridge Care Center	1250 NE 145th, Seattle, WA 98155
Pinehurst Park Terrace	2818 NE 145th, Seattle, WA 98155

APPENDIX II

A GERONTOLOGICAL SMORGASBORD
March 27 - May 15, 1990

Overall Objectives

1. Improve nursing assessment skills and recognize appropriate nursing management of commonly occurring problems.
2. Implement innovative and creative approaches to enhance the quality of care of the older adult.
3. Utilize tools to evaluate the use and effectiveness of neuroleptic medications and systems to monitor side effects.
4. Examine care planning and documentation issues in gerontological nursing.

* * * * * * * * *

Dates and Location

Tuesdays, March 27 through
May 15, 1990 4-6 pm

1700 (Nursing) Building
Room 1705
Shoreline Community College

For further information, call 546-4743

* * * * * * * * *

Who Should Attend?

Licensed nursing home nurses (LPN's and RN's) who are interested in sharpening their skills related to assessment, care planning, care giving and documentation.

The Community College-Nursing Home Partnership

Shoreline Community College

presents

A GERONTOLOGICAL SMORGASBORD

Partially funded by W. K. Kellogg Foundation

Shoreline Community College
Department of Nursing
16101 Greenwood Ave. N.
Seattle, WA 98133

REGISTRATION - A GERONTOLOGICAL SMÖRGÅSBORD, March 27 - May 15, 1990

FEE: $25.00 for all eight sessions or $5.00 each session
PARKING: 75¢ (3 quarters) at any gate

Name _____
Employer _____ Position _____
Address _____
Street _____ City _____ State _____ Zip _____

I will attend the following:

__ Assessment of the Older Adult
__ Disorders Assoc. with Cognitive Impairment
__ Malnutrition/Incontinence
__ Fall Prevention
__ Wound Healing
__ Neuroleptic Medications
__ Care Planning for Psychosocial Issues
__ Documentation: The Proof of the Pudding

Mail completed form by March 20 to: Shoreline Community College, Department of Nursing.
16101 Greenwood Ave. N., Seattle, WA 98133.
Make checks payable to: Shoreline Community College, Department of Nursing

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GERONTOLOGICAL ASSESSMENT SERIES

Melinda Patience, M.S.N., R.N.
Clinical Nursing Instructor
Shoreline Community College

March 27, 1990

I. Assessment of the Older Adult

This session will emphasize the use of physical and functional assessment techniques to identify and manage problems common to the older adult.

April 3, 1990

II. Disorders Associated with Cognitive Impairment

This presentation will focus on signs and symptoms, etiologies, and management of confusion in the older adult.

April 10, 1990

III. Malnutrition in the Older Adult

Evaluation and Management of Incontinence

This session will emphasize nutritional assessment and risk factors common to the older adult. It will also include nursing diagnosis and management of incontinence.

April 17, 1990

IV. Fall Prevention

This presentation will emphasize fall prevention including the assessment and management of sensory impairments and dizziness.

SPECIFIC CARE AND CARE PLANNING ISSUES

April 24, 1990

V. Wound Healing: Old Myths/ New Approaches

Marian Huhman, M.A., R.N.
Lecturer
University of Washington
School of Nursing

May 1, 1990

VI. OBRA: Guidelines Regarding Use of Neuroleptic Medications and Strategies for Implementation

Cindy White, R.Ph.
Geriatric Pharmacist/Consultant

May 8, 1990

VII. Care Planning for Psychosocial Issues

Denise Davignon, M.N., R.N.,C., G.N.P.

May 15, 1990

VIII. Documentation: The Proof of the Pudding

Carolyn Enloe, R.N.,C., M.N.
Clinical Faculty, University of Washington
School of Nursing.
Formerly Project Director, Nurse Practitioner Program, Dept. of Physiological Nursing, University of Washington

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A GERONTOLOGICAL SMORGASBORD
Assessment of the Older Adult
Melinda Patience - March 27, 1990

1. Please rate the extent to which the class met your personal expectations
   #1 - 4 #2 - 12 #3 - 16 #4 - 7 #5 - 1

2. Please rate the extent to which
   the presentation was effective
   #1 - 3 #2 - 14 #3 - 13 #4 - 8 #5 - 2

   the presentation was well organized
   #1 - 4 #2 - 9 #3 - 17 #4 - 7 #5 - 4

   time allowed for discussion was adequate
   #2 - 9 #3 - 17 #4 - 8 #5 - 3

   audiovisuals and handouts enhanced the presentation
   #2 - 7 #3 - 15 #4 - 13 #5 - 4

   physical environment was conducive to learning
   #2 - 1 #3 - 7 #4 - 19 #5 - 14

3. Please rate the level of information presented in relation to your needs
   #1 - 5 #2 - 11 #3 - 10 #4 - 10 #5 - 2

4. Give one example of new or enhanced information you gained from this class.
   Numbered process for assessing lung sounds
   To check for tenting on elderly on the forehead
   Way to check skin turgor on elderly
   Stats rlt elderly were interesting
   Checking for tenting on elder
   Some trivia
   Review of systems
   Better assessment skills
   Describe what you hear, rather than try to use "terms" for breath sounds
   Good overall review
   Testing cranial nerves
   Cutoff point if diastolic BP being /95 for med. tx of
   Using forehead to check skin turgor of the elderly
   Statistics were new and helped support data at /\'s when used
   I wish I could
   Percussion tips s/s → ind. of disease process
   Some info on breath sounds; bell on stethoscope - low sounds. Sounds may not be where you think they should be.

5. What was the most helpful part of this class for you?
   Informed to check skin turgor on forehead on elderly
   Overheads and general info with etiology
   Normal aging vs pathological
   Good handouts
   Norms for elders in relation to younger person
   Cranial nerve tests
   Not much - I know most of what was presented
   Renewing lung sounds
   Heart sounds - percussion notes
   The specifics were what I was looking for--what certain finds mean, etc.
   Explanations
   Good review
   Good overall review
   Handouts to take back to facility
   The facility handout
   The handout
   System review
   Handouts
   Handout which were given to few
   Review

A GERONTOLOGICAL SMORGASBORD
Assessment of the Older Adult
Melinda Patience - March 27, 1990

1. Please rate the extent to which the class met your personal expectations
   #1 - 4 #2 - 12 #3 - 16 #4 - 7 #5 - 1

2. Please rate the extent to which
   the presentation was effective
   #1 - 3 #2 - 14 #3 - 13 #4 - 8 #5 - 2

   the presentation was well organized
   #1 - 4 #2 - 9 #3 - 17 #4 - 7 #5 - 4

   time allowed for discussion was adequate
   #2 - 9 #3 - 17 #4 - 8 #5 - 3

   audiovisuals and handouts enhanced the presentation
   #2 - 7 #3 - 15 #4 - 13 #5 - 4

   physical environment was conducive to learning
   #2 - 1 #3 - 7 #4 - 19 #5 - 14

3. Please rate the level of information presented in relation to your needs
   #1 - 5 #2 - 11 #3 - 10 #4 - 10 #5 - 2

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   Numbered process for assessing lung sounds
   To check for tenting on elderly on the forehead
   Way to check skin turgor on elderly
   Stats rlt elderly were interesting
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   Review of systems
   Better assessment skills
   Describe what you hear, rather than try to use "terms" for breath sounds
   Good overall review
   Testing cranial nerves
   Cutoff point if diastolic BP being /95 for med. tx of
   Using forehead to check skin turgor of the elderly
   Statistics were new and helped support data at /\'s when used
   I wish I could
   Percussion tips s/s → ind. of disease process
   Some info on breath sounds; bell on stethoscope - low sounds. Sounds may not be where you think they should be.

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   Informed to check skin turgor on forehead on elderly
   Overheads and general info with etiology
   Normal aging vs pathological
   Good handouts
   Norms for elders in relation to younger person
   Cranial nerve tests
   Not much - I know most of what was presented
   Renewing lung sounds
   Heart sounds - percussion notes
   The specifics were what I was looking for--what certain finds mean, etc.
   Explanations
   Good review
   Good overall review
   Handouts to take back to facility
   The facility handout
   The handout
   System review
   Handouts
   Handout which were given to few
   Review

6. What was the least helpful part of this class for you?
   - Heart auscultation
   - Overheads not left up long enough to copy
   - Needed the handout that was given to only 1 person from each facility.
   - Reference to
   - No nursing implications of the assessment. There isn't much I can take back and really use in care planning.
   - Assessment areas such as reflexes which most residents would not be able to do.
   - Screen things not long enough to copy or could have handouts on them
   - Some of the info was too basic
   - Not enough time to look at overhead material
   - Needs to be stronger on nursing implications
   - Not enough of the physical eval. handout for everyone
   - Lack of time to go into specifics
   - Rapid review
   - Good overall review
   - Instructor - reading. Disappointed in fact that there was no preparation, or seemed not to be. Hard for me to follow
   - Handout could have been useful - given to a few
   - Assessment format
   - Speaker assumed a high basic level of understanding of geriatric assessment so did very little teaching. I came to learn practical assessment skills and was disappointed.

7. Comments/Suggestions
   - Need more dynamic movement; need more enthusiasm
   - Feel this is a very good series and look forward to other classes
   - Slow down the assessment class or break this session into 2 sessions
   - Speakers from LTC would help
   - It would be helpful to have a presentation presented by someone who works in a nursing home
   - Include <u>why</u> elements of the assessment are important
   - Assessment should be more pinpointed to the average residents of nursing homes
   - Have handouts for the whole lecture of info. Was too fast to write it all down. Stayed on screen longer.
   - I like to have the diagrams as a handout
   - More case illustrations
   - Thanks for the coffee
   - Small groups - practical experience - hands on explanations, demonstrations
   - Speaker should prepare better before class. This group would benefit from a more <u>interactive</u> discussion

April 10, 1990
K-SD\SD-MP#1.evl

A GERONTOLOGICAL SMORGASBORD
Disorders Associated with Cognitive Impairment
Melinda Patience - April 3, 1990

1. Please rate the extent to which the class met your personal expectations
   #3 - 6 #4 - 15 #5 - 4

2. Please rate the extent to which
   the presentation was effective
   #3 - 4 #4 - 16 #5 - 5

   the presentation was well organized
   #3 - 3 #4 - 16 #5 - 6

   time allowed for discussion was adequate
   #3 - 1 #4 - 20 #5 - 4

   audiovisuals and handouts enhanced the presentation
   #3 - 1 #4 - 14 #5 - 10

   physical environment was conducive to learning
   #3 - 1 #4 - 16 #5 - 8

3. Please rate the level of information presented in relation to your needs
   #3 - 7 #4 - 14 #5 - 4

4. Give one example of new or enhanced information you gained from this class.
   Alzheimers videos were great
   Renewed appreciation of "positive moments" of the pt. with dementia
   Definitions
   The percentage and types of dementia, how drugs interact
   Refreshed my memory
   Staging Alzheimers / reminders to look for reversible causes
   Different stages of Alzheimers to review
   Definitions
   Reversible dementias
   Difference between Dementias
   Helpful hints on assisting resident to find room
   Surprised that such a large percentage of dementias preventable or reversible
   Min-mental exam was new to me
   How to conduct cognitive evaluation interview
   How to prevent the trauma of relocation synd.

5. What was the most helpful part of this class for you?
   Would like to use this as a teaching modem--the Alzheimers videos
   Good examples, good video, unusually good comments from participants. (Often they are not helpful but good today.
   Discussion/videotape
   Assessment tool
   Alzheimers video and seeing demo on min-mental status
   The handouts so I could listen more instead of writing
   Definitions
   Interview and assessment
   Discussion of ex. of methods used in various facilities
   Difference bet. delirium and dementia
   Assessment tools
   "Moment to moment"
   Being with others who understand frustrations/rewards of gerontology
   Both videos
   Definitions; drugs listed

6. What was the least helpful part of this class for you?

Definition of terminology
Defining terms we already know
None
Very helpful

7. Comments/Suggestions
   Good series
   Incontinence--catheters vs. incontinence garb for extremely incontinent women who hate feeling of dribbling
   Interesting and geared to the level of the people attending. Pros and cons: 3 meals vs 5 small meals. Should we "overload" on nourishments when a Resident is not eating?
   Suggestions for staff on handling their stress related to point that care confused
   Focus on management of mid to late stage of Alzheimers. For the next session--Discuss bladder spasm management with catheters and suprapubic catheters.
   I really enjoyed this session. I can get people to eat better when, if they're religious, I sing gospel songs. If not--Oldies to them.
   Good class
   Enthusiasm was improved
   Keep it up!
   A great improvement. Thank you
   Enjoyed the discussions and personal examples
   Incontinence - pads in bed or Attends (diaper)? Attends only when up and dressed?

K-SD\SD-MP#2.evl

A GERONTOLOGICAL SMORGASBORD
Malnutrition in the Older Adult
Evaluation and Management of Incontinence
Melinda Patience - April 10, 1990 - Evaluation

1. Please rate the extent to which the class met your personal expectations
   #1 - 0 #2 - 0 #3 - 1 #4 - 17 #5 - 9

2. Please rate the extent to which
   the presentation was effective
   #3+ - 1 #4 - 16 #5 - 10

   the presentation was well organized
   #3+ - 1 #4 - 14 #5 - 12

   time allowed for discussion was adequate
   #3 - 1 #4 - 13 #5 - 13

   audiovisuals and handouts enhanced the presentation
   #4 - 13 #5 - 13

   physical environment was conducive to learning
   #3 - 2 #4 - 14 #5 - 11

3. Please rate the level of information presented in relation to your needs
   3+ - 1 #4 - 14 #5 - 11

4. Give one example of new or enhanced information you gained from this class.
   New bladder data / incontinence cause and tx
   Meds in relation to UTI's
   Discussion on interactions of foods and drugs
   Percentage and cost info of incontinence
   Assessments R/+ bladder incontinency
   Incontinence - indwelling caths versus In and Out
   Definition of various types of incon.
   Common sense approach
   Dietary
   In and out caths in place of Foleys
   Hearing from other facilities about dietary concerns
   New handouts of urinary management

5. What was the most helpful part of this class for you?
   Sharing ideas of nutrition mgt from others
   Discussions
   Good review
   All
   Dietary interventions: wt loss; cost effect: incontinency
   Alt. in nutrition with various vitamins
   Information on incontinence
   Incont. discussion
   All
   Inc.
   All of them

Incontinency
Encouragement to my staff to assess incont.
Ideas given by staff

6. What was the least helpful part of this class for you?
   Attends - aware due to job
   Time of day

7. Comments/Suggestions
   Enjoyed!
   I enjoyed this presentation. Thank you
   Enjoyed this very much
   Thank you for the classes. Thank you for refreshments
   Good issue and discussion
   Great class - they keep getting better

April 10, 1990
SD-MP#3.ev1

A GERONTOLOGICAL SMORGASBORD
Fall Prevention
Melinda Patience - April 17, 1990 - Evaluation

1. Please rate the extent to which the class met your personal expectations
   #1 - 0 #2 - 3 #3 - 4 #4 - 7 #5 - 1

2. Please rate the extent to which
   the presentation was effective
   #2 - 2 #3 - 7 #4 - 7 #5 - 6

   the presentation was well organized
   #3 - 6 #4 - 9 #5 - 7

   time allowed for discussion was adequate
   #3 - 6 #4 - 8 #5 - 8

   audiovisuals and handouts enhanced the presentation
   #2 - 2 #3 - 8 #4 - 7 #5 - 5

   physical environment was conducive to learning
   #3 - 5 #4 - 10 #5 - 8

3. Please rate the level of information presented in relation to your needs
   #2 - 1 #3 - 6 #4 - 8 #5 - 6

4. Give one example of new or enhanced information you gained from this class
   - Assessing fall protocol
   - Restraint criteria discussion
   - Exchange of ideas
   - New OBRA rules
   - Bathroom seatbelt idea
   - Methods for improving safety in living situation, taping floor etc.
   - Eval process of rest.
   - Harness behind toilet to give Pt. privacy, yet safety

5. What was the most helpful part of this class for you?
   - High risk profile card
   - Input from other facilities
   - Sharing with others the success each facility has used with new restraint free issues
   - About restraint
   - Falls go with litigation process. Restraints must be justified by diagnoses, not behaviors or symptoms
   - Discussion new restraint regulation coming in October
   - Discussion on new restraint regulation
   - Support, discussion and importance of restraint assessment
   - Restraint discussion
   - Sharing of ideas
   - 2nd half
   - Participation with info that works from various facilities

6. What was the least helpful part of this class for you?
   Too much extraneous input from class members
   1st half
   No address for the Research Packet from Wash. D.C.

7. Comments/Suggestions
   Restraints
   Very good
   2nd part most effective--it flowed--
   Good
   Enjoy the review

April 17, 1990
SD-MP#4.evl

A GERONTOLOGICAL SMORGASBORD
Wound Healing: Old Myths/New Approaches
Marian Huhman - April 24, 1990

1. Please rate the extent to which the class met your personal expectations
#1 - 0 #2 - 0 #3 - 1 #4 - 3 #5 - 27

2. Please rate the extent to which
the presentation was effective
#4 - 3 #5 - 26

the presentation was well organized
#4 - 4 #5 - 27

time allowed for discussion was adequate
#3 - 3 #4 - 8 #5 - 20

audiovisuals and handouts enhanced the presentation
#4 - 5 #5 - 27

physical environment was conducive to learning
#3 - 1 #4 - 9 #5 - 22

3. Please rate the level of information presented in relation to your needs
#3 - 2 #4 - 4 #5 - 24

4. Give one example of new or enhanced information you gained from this class.
Info re diaketic healing
Necrotic tissue to assess
Use of Vigilon
Moist healing - Vigilon drsg
Tx methods
Types of Tx
Outline of healing process expected
Not much experience - so all was very helpful
Different types of dressings and Tx
Wound culture technique
What type of tx best for what type of wound
Explanation of moist to dry healing
Explaining re: need for albumin to be adequate - going in depth re principles
Information about Vigilon
To tx ulcers, wounds w/new product not previously used
Excellent overview!
When to use certain products

5. What was the most helpful part of this class for your?
Verbal interaction
Describing our assessment; warmth of wound important
Assessment and describing ulcers and different new tx
Tx of wounds/nutritional aspect
Visual aids
Tx
Tx
Good visuals, discussion of actual wounds
Slides and knowing how much foam is effective (egg crate)
Wound assessment and treatment; all
What type of tx best for what type of wound
Handouts and slides
Different products listed
The whole class - excellent
The entire 2 hours

General principles of wound healing
To cleanse infected wound 1st with NS before culturing
Specific illustrations and explanations of terms, etc.

6. What was the least helpful part of this class for you?
   All helpful
   To relieve pressure with beds such as clinitron bed as this is expensive
   Classification
   Not enough time
   None - all helpful
   Not enough time for discussion

7. Comments/Suggestions
   Excellent material; excellent teacher
   Very good!
   Very good presentation
   Excellent
   Good speaker
   It's very valuable to have clinical experts presenting. This has restored my faith in this series.
   Enjoyed
   Excellent!!
   Interesting - well presented; the 2 hours went too fast; best class yet
   This is one of the most informative classes I have attended

SD-Huhman.Evl
April 24, 1990

A GERONTOLOGICAL SMORGASBORD
OBRA: Guidelines Regarding Use of Neuroleptic
Medications and Strategies for Implementation
Cindy White - May 1, 1990 - Evaluation

1. Please rate the extent to which the class met your personal expectations
#1 - 0 #2 - 0 #3 - 0 #4 - 8 #5 - 18

2. Please rate the extent to which
. the presentation was effective
#4 - 7 #5 - 21

the presentation was well organized
#4 - 4 #5 - 24

time allowed for discussion was adequate
#1 - 1 #3 - 4 #4 - 13 #5 - 9

audiovisuals and handouts enhanced the presentation
#4 - 6 #5 - 22

physical environment was conducive to learning
#4 - 12 #5 - 16

3. Please rate the level of information presented in relation to your needs
#4 - 5 #5 - 23

4. Give one example of new or enhanced information you gained from this class.
Aims video segment
Times of diagnosis which will be used for neuroleptic meds
OBRA regulations R/T Alzheimer pts.
Aims test
Clarifying OBRA expectations
OBRA and psychotropics
Neuroleptic diagnoses by symptoms
Info about how to monitor for side effects
PRN. Drug holidays
Assessment test for tardive dyskinesia - Video AIMS
AIM's test
Regs. Heard of them but feel more informed now
Review of AIMS test
Excellent
AIMS evaluation
AIMS test info
Identifying side effects on Care Plan
AIMS test and tardive dyskinesia
How to evaluate side effects of drugs accurately and consistently, i.e. AIMS test
Way to document re Res on neuroleptic antidepressant, anti anxiety, meds
Signs, symptoms

5. What was the most helpful part of this class for you?
Aims video / handout / lecture
New OBRA regulations and ideas for changes
Ways to measure target Sx
Well organized. Good A/V's. Excellent speaker, well informed and keeps attention
Review on tardive dyskinesia, handouts
Individualized drugs to be concerned about with PRN's
Very clear presentation

TD sx much clearer now - video good. OBRA reg rel. "outside consultant" interesting
List of diagnoses
Outline of policy needs
All
Great handout!
OBRA standards
Handouts
Outlining specific behaviors - to incorporate them into the care plan
The slides demonstrating symptoms
Samples of statement of policy. Letter to MD etc.
Re: what OBRA looking for re: DX, criteria for
Films and handouts

6. What was the least helpful part of this class for you?
2nd part of video was repetitive and unnecessary
Lack of discussion period
AIMS video
Introduction

7. Comments/Suggestions
Very good
Thanks for the coffee and cookies
Excellent inservice/speaker
Names and places to get the videos that are helpful. I'd like to have them readily available. Not counting Evergreen's tapes and yours.
Wish we had more time
A microphone is really needed!
Well organized - thorough. Good speaker
Excellent presentation. Intelligent presenter
Cindy puts forth being very knowledgeable of her subject and is a very organized speaker
Terrific! Would like to have Cynthia as an inservice for us
I would like to see the AIMS test done on Res who are uncooperative, combative as this is the group we give it to, not the cooperative person
Excellent lecture. Thank you
Very good

May 1, 1990
K-SD\SD-White.Evl

A GERONTOLOGICAL SMORGASBORD
Care Planning for Psychosocial Issues
Denise Davignon - May 8, 1990 - Evaluation

1. Please rate the extent to which the class met your personal expectations
   #1 - 2 #2 - 7 #3 - 7 #4 - 6 #5 - 6

2. Please rate the extent to which
   the presentation was effective
   #2 - 5 #3 - 5 #4 - 11 #5 - 7

   the presentation was well organized
   #1 - 1 #2 - 0 #3 - 7 #4 - 10 #5 - 10

   time allowed for discussion was adequate
   #1 - 4 #2 - 5 #3 - 9 #4 - 5 #5 - 4

   audiovisuals and handouts enhanced the presentation
   #1 - 1 #2 - 0 #3 - 6 #4 - 11 #5 - 10

   physical environment was conducive to learning
   #1 - 1 #2 - 5 #3 - 5 #4 - 10 #5 - 7
   (Note: many commented it was too cold today)

3. Please rate the level of information presented in relation to your needs
   #1 - 3 #2 - 4 #3 - 8 #4 - 6 #5 - 8

4. Give one example of new or enhanced information you gained from this class
   Changes in taste with aging not so great as once thought
   How to interview more effectively
   Review helpful - sharpening of subtleties
   Nothing new except that maybe taste does not necessarily decrease
   Review
   Not really new - nice overview
   Handouts excellent
   Reinforcing my evaluations on agitation
   List of objects for mental status test
   Tie in physical ailment with psych-social aspect
   Ideas on simple tests for hearing and vision
   Tests to assist you in assessment
   Bibliography
   Drugs and dentures affect taste
   I may use handout to check to see if we are using all the interventions
   Bibliography. Developmental tasks
   Easy ways to evaluate hearing and sight

5. What was the most helpful part of this class for you?
   Given some specific "tools" and "tests" I can use
   Handouts and Speaker
   Motivated to continue working on psych-social aspects of my job
   Confirmation of many factors affecting patient's behavior; outline of interventions - helpful for care plan writing
   Good review of Admit/continuing assessments
   Outline was helpful as a tool to pull together info which will be shared with other staff at inservices etc.
   Handouts, excellent
   Info re milieu
   Cognitive info on printed matter
   All - well outlined - and presentation
   Interventions

Functional ability model
Interventions on screen and in handout
List of bibliography handouts
Approaches to behavioral problems
The handout
Review and amplification of things already known

6. What was the least helpful part of this class for you?
   Review of old info (such as social assessment) I already knew
   Too cold in classroom today
   1st half
   Class was on assessments not "care planning"
   Data base section contained information that was in the very 1st lecture on physical assessment
   Too much info to cover - perhaps could have addressed less info with more depth esp. rel. interventions for specific concerns
   Could have read the handout and gotten most of the information. Need more info on management of behavior problems
   Overall review of the process of aging
   Data Base
   The "cornerstone" part of class--data base, milieu, etc. All review
   Assessment often multidisciplinary and could have been presented that way (Soc. workers and RN's both present)

7. Comments/Suggestions
   Would have liked more time on specific interventions and documentation
   I wished we had much more time!
   Too slow and redundant - 1st half
   I could have left after picking up the handout and received the lecture. I can read.
   Handout was pretty well defined. Would have appreciated expanding other than printed material
   Enjoyed it!
   Very good
   Enjoyed the class
   Working in a N.H., most if not all info already being used--perhaps I had hoped to new approaches - realistic goals, etc. And I'd heard the joke before.
   Great info - more time would have been good for this topic
   Far too basic information. This was a good class for nursing students. However, when the class consists primarily of geriatric nurses, I think we would benefit from a higher level of information. Would appreciate info on Psychosocial Care Plan and felt that this was not very well addressed.
   It seemed we covered a lot of information in maybe too short of time. It was excellent information but I wish we could have gone more in depth.
   Too much time spent on "Process of Aging"
   A lot of material to cover in time allotted
   Intervention discussion
   Ask for show of hands as to background/discipline. I hoped for some specific suggestions related to charting psycho/social problems. Could have prioritized interest areas and had some discussion of topics (much knowledge and experience present in room)
   Expected more specifics on care plans/interventions/approaches; too much material for too little time

A GERONTOLOGICAL SMORGASBORD
Documentation: The Proof of the Pudding
Carolyn Enloe - May 15, 1990 - Evaluation

1. Please rate the extent to which the class met your personal expectations
   #1 - 0 #2 - 1 #3 - 0 #4 - 8 #5 - 18

2. Please rate the extent to which

   the presentation was effective
   #2 - 1 #3 - 0 #4 - 6 #5 - 21

   the presentation was well organized
   #2 - 1 #3 - 0 #4 - 5 #5 - 22

   the time allowed for discussion was adequate
   #1 - 1 #2 - 0 #3 - 3 #4 - 8 #5 - 16

   the audiovisuals and handouts enhanced the presentation
   #3 - 2 #4 - 6 #5 - 20

   the physical environment was conducive to learning
   #2 - 2 #3 - 2 #4 - 7 #5 - 17

3. Please rate the level of information presented in relation to your needs
   #2 - 1 #3 - 1 #4 - 6 #5 - 20

4. Give one example of new or enhanced information you gained from this class.
   Flow sheet organization
   Flow sheet usage
   Flow sheet
   Flow sheet doc.
   All of them
   Temporary problems should not be on the problem list
   Flow sheet examples
   New ideas for flow sheets
   Use of flow sheets
   Flow sheets
   Increase flow sheets
   Formula for calculating Wt per H +
   Wt 100 - 5' +5# per inch
   Estimation to evaluate weight with height
   Flow sheets
   Problem orientated charting: to include: 1) problem list, 2) progress notes, 3) problem statement

5. What was the most helpful part of this class for you?
   Practical exp.
   Good presentation -- hands-on learning
   Opportunity to actually do sheet, finding where my weak areas are
   Handouts
   Ideas in regard to flow sheets
   Individually working on problem
   Case study

Flow sheets
Working together as a group
All of it
The basic information on documentation provided

6. What was the least helpful part of this class for you?
   All helpful
   Review
   It was "cold" in the room
   Admission notes and Resident 1 & 2 case studies

7. Comments/Suggestions
   Great instructor. She'd be a good instructor for Care Plan session
   Very good, Thank you
   Very good subject and presentation
   Thank you for the series
   More classes!
   Thanks
   Sorry it ended!
   Cut out the case studies and stick to documentation; i.e. types (adv/disav):
   Soap charting, Focus charting. What is good charting/Bad charting. How does charting help/hurt. How to work around/with other health care team. Numbers charting. The basis of charting origination. More emphasis on the problem. List/proc notes and other applicable areas in the Pt's chart where charting applies. Wasted too much time with case studies and time involved would have been used to provide better info.

APPENDIX III

SYNOPSIS OF PROJECT ACTIVITIES

1989 - 1990

SHORELINE COMMUNITY COLLEGE

Objective One: Foster communications between the Shoreline nursing program and nursing homes.

Despite an ever-shifting, ever-changing staffing situation in many of our nursing homes, particularly in the Director of Nursing and Staff Development positions, our communication system remains strong and active. Throughout the year, two advisory committee meetings will have been held. The last will be a lunch slated for May 9th which concludes the advisory status for this grant. In addition meetings with staff development persons have occurred on a regular basis. Nursing home administration has selected staff to serve as preceptors in the management practicum and the College has paid the replacement costs associated with their attendance at two-day workshops to prepare them for this role. Directors from three of our Partnership Homes joined other project staff at our meeting this past weekend in Seattle. Students wishing to receive nurse assistant certification at the completion of our first nursing course may take the seven hour AIDS course required by Washington law provided by CRISTA at a reduced fee. As major curriculum changes have been completed, more emphasis has been put on staff development activities with nursing homes. An eight session "Smorgasbord" of critical topics as identified by staff development persons was conducted for eight weeks in April and May with the instruction being provided by Shoreline faculty and resource persons in the community.

Objective Two: Provide structure and incentive for faculty development activities.

Faculty have continued their attendance at various workshops and conferences. This includes conferences held locally, breakfast forums on aging that meet three times quarterly, as well as workshops and meetings held in various parts of the country. Conferences were attended by faculty in San Diego, Portland, Denver, Washington D.C., Kansas City, and San Francisco and were sponsored by a variety of organizations. Content covered topics ranging from basic care of decubitus ulcers to ethics and aging. In addition, one more faculty member has received Gerontological certification through the American Nurses' Association. The 1989-90 school term began with a retreat attended by all full and part time faculty with one exception. These annual retreats have provided a wonderful opportunity to review past activities and plan for the coming year. It also provides a pleasant situation in which to begin the orientation of new faculty.

Objective Three: Enhance curriculum emphasis on gerontology.

The major curriculum changes planned to enhance emphasis on gerontology were in place as we began this 1989-90 school term. Work carried out this year has been to review the organizing framework, revise the philosophy and objectives so that they encompass any and all changes, and refine objectives and content areas at the course and unit level. All courses now include gerontological objectives and content as appropriate. Shoreline was responsible for editing the Winter 1990 edition of Newslinks which was devoted to the topic of curriculum with the lead article being prepared by Shoreline's project coordinator. Several inquiries for further information and curriculum assistance have been received in

response to that publication. Similarly, Shoreline has contributed to the projects for which other schools have taken responsibility. Photos of Shoreline nursing students working in our partnership homes were sent to Weber as was an article on collaborative relationships to be included in the next issue of Newslinks.

Objective Four: Implement learning experiences designed to foster in students positive attitudes toward elderly and encourage the graduate to seek gerontologic nursing as a career choice.

A survey of student attitudes upon admission to the program and at completion have been an on-going part of grant activities. From data available regarding career choices it appears that slightly over 9% of last year's graduates accepted beginning positions in nursing homes. Three Shoreline graduates were among the most recent group of new preceptors preparing to work with students in their management practicum.

Objective Five: Evaluate all project activities, both process and outcomes.

Evaluation remains a significant part of all our work. Some early evaluations of Smorgasbord presentations resulted in more negative comments than were desireable and immediate steps were taken to make needed changes. Dr. Helen Hanson, project evaluator visited us in December and worked with the project coordinator and facilitator to more clearly define and outline our evaluation plan.

Objective Six: Report project processes and outcomes and develop plans for dissemination.

Two presentations regarding project activities were made at the Northwest Geriatric Education conference last July. Reports have been given at meetings of the Washington League for Nursing and the Council on Nursing Education in Washington State. The project facilitator, Pat Bentz, participated in a poster session with faculty from two other project schools at a meeting of the Western Institute of Nursing in Portland. She also appeared on the program of the Association for Gerontology in Higher Education and the American Society of Aging with representatives from other project schools. On May 3, Shoreline will sponsor our first Student Awareness Day and have invited students from all other (18) associate degree programs in the state. A student panel composed of students from three programs, in addition to a Shoreline graduate will respond to the challenges offered by the keynote speaker who will address issues of resident's rights and quality of life. As of this date over 140 students have indicated they will attend this program. Like other project schools, Shoreline has developed plans for a three year dissemination project recently funded by the W. K. Kellogg Foundation.

Other Activities: As in the past, Shoreline has expanded beyond the nursing component of the community college and nursing home to other areas within our community. Once again the Project Coordinator , Celia Hartley, presented a class on bioethics to elders enrolled in Summercollege for Seniors, a week of courses offered during the summer. The course was very enthusiastically received and attended. Discussions with dental hygiene faculty regarding the possible placement of dental hygiene students in long term care facilities for clinical experiences have continued. In October, Ms. Hartley also addressed the Deans of Allied Health programs at a national meeting held in Fort Worth regarding the inclusion of gerontology in the curricula of allied health programs.

APPENDIX IV

MANAGEMENT PRACTICUM

Activities	Objectives		
1. Meds and treatments for group	1. Passes medications safely to a group of residents	___	___
	2. Safely carries out treatments as ordered for a group of residents	___	___
2. Admission assessment	3. When possible, assists with an admission assessment	___	
3. Care Conf. - care plan revision	4. Participates in a patient care conference	___	
	5. Revises the nursing care plan for at least one resident	___	
	6. Confers with physician regarding care needs of a specific resident	___	
4. Team management and supervision	7. Makes assignments for nursing assistants on at least two days	___	___
	8. Monitors progress of nursing assistants in providing care	___	___
	9. Evaluates care provided by nursing assistants	___	___
	10. Provides feedback to nursing assistants regarding care given	___	___
	11. Formulates and presents to supervisor report on unit residents	___	
	12. Communicates unit problems or concerns to supervisor	___	
5. Staff teaching	13. Carries out a teaching project for staff	___	
6. Evaluation	14. Completes a self-assessment	___	

APPENDIX V

FILMS AND VIDEOS

$#Alzheimer's 101: The Basics for Caregiving
VHS Color Total of 85 minutes of video organized into six units - includes 18 "trigger" segments to stimulate discussion and training activities. Training Manual and Learner's Guide available.

This film is an affirmation of the fundamental humanity of the individuals with this tragic illness and the capacity of caregivers to remain positive, given the skills and the will to do so. It reaches beyond a custodial view of caregiving, offering a positive approach that is at once sensitive yet practical, realistic yet humanistic. It does not offer pat solutions to caregiving problems, but it does raise important issues while presenting solid caregiving techniques. South Carolina Commission on Aging and South Carolina ETV, 1989.

$#And The Home of the Brave
VHS Color 17 minutes

This video promotes an awareness of the trauma of admission to an institution and an understanding of the losses residents face - loss of identity, privacy, self-esteem and independence. But the video also portrays residents' strengths in their relationships with each other and with staff. There are no villains and no heroes. Residents struggle to maintain control over their lives and staff try to provide humane care. This compelling drama sensitizes nursing home staff and gerontology students to the problems and feelings of residents. For residents' groups, the video is a springboard for discussion. Tricepts Productions Film Library - PO Box 315 - Franklin Lakes, New Jersey 07417.

***My Mother, My Father**
16 MM Color 33 minutes

Takes a candid look at four families and their deep and often conflicting feelings as they deal with the stresses and changes involved in caring for an aging parent. This film does not attempt to provide easy answers. Rather, it offers honest and compelling insight into the need for families to make individual decisions about caregiving. Elicits a better understanding of and support for individuals and families involved in caregiving. Terra Nova Films 1984.

***Prevention and Management of Aggressive Behavior in the Elderly**
VHS Color 2 videotapes of 30 minutes each with accompanying handbook

These videotapes and the accompanying handbook are designed to introduce professional and family caregivers to underlying problems, issues and approaches to manage and cope with aggression successfully. Part I: "Before the Going Gets Rough: Assessment and Prevention of Aggressive Behavior in the Elderly" points out that prevention of aggressive behavior is the goal. It may be achieved through careful medical assessment and medication management, evaluation and reduction of non-caregiving and caregiving triggers, and improved skills to defuse the situation and communicate with acting-out elderly. Part II: "After the Going Gets Rough: Management of Aggressive Behavior and Its Consequences" deals with the crisis or out-of-control stage. Factors to consider during crisis and intervention are discussed along with helpful behavior and verbal responses. Physical intervention by caregivers is presented as the final resort. Good Samaritan Hospital & Medical Center, Portland, Oregon 1988.

***Sexuality and Aging**
VHS Color 58 minutes

This program explores the attitudes, myths, and facts concerning this important phase of life. Examines ongoing research, physiological changes affecting the sexuality of older men and women, and educational

efforts to improve the public's perceptions about sexuality in later life. Viewers hear from a variety of older men and women who discuss their attitudes and relationships as well as gerontologists and sex educators. Narrated by actor Ford Rainey. NTECHE 1987.

***Walk Me to the Water**
VHS B/W 30 minutes

Intimately portrays the experiences of three terminally ill cancer patients being cared for at home. By allowing these patients and those closest to them to tell their own stories, the film conveys a broad range of circumstances, emotions and insights. Director John Seakwood's own experience with the loss of a member of his immediate family helped him to develop a close rapport with the patients and their families. We see the fear and confusion that is so often felt by those coping with terminal illness, along with the possibilities for individual growth and the strengthening of family bonds that can accompany this distress. Walk Me to the Water 1981.

$#What Do You See, Nurse?
VHS Color 12 minutes

The film is based on a poem of the same name written by Phyllis M. McCormack, a nurse in Scotland who has worked with aged persons for thirty years. Simply, but with great power, it provides a glimpse of life as experienced by an aged woman, which can help those having contact with aged persons be more sensitive and understanding of them. Coronet Film & Video, 420 Academy Drive - Northbrook, Illinois 60062.

***Whisper, the Waves, the Wind**
16 MM Color 28 minutes

This is a unique and lyrical film that inspires us to cast off our stereotypes, to break through age barriers and to see older women in a new light. The film is staged around an actual event on a Southern California beach - an art performance, conceived by nationally recognized artist, Suzanne Lacy. In our youth-focused society the experience and knowledge of older women is typically unheralded, neglected. This film convinces us that their voices should be heard, their lives witnessed, their beauty seen and celebrated. Terra Nova Films 1986.

#A Perspective of Hope: Scenes From the Teaching Nursing Home
VHS Color 28 minutes

In an innovative approach to improving the long-term care of the elderly, the Robert Wood Johnson Foundation's Teaching Nursing Home Program established affiliations between nursing homes and university schools of nursing in 12 sites throughout the United States. "A Perspective of Hope" looks at the impact of this unique project on the lives of individual nursing students, faculty, staff members, - and most importantly - patients and their families. It presents a positive but realistic view of the obstacles and r ewards of nursing on the frontiers of change. Fanlight.

*Requested for purchase by the Shoreline Dept. of Nursing - Purchased with Fred Meyer Trust funds

#Purchased with W. K. Kellogg Foundation funds

$Purchased 1989-1990 academic year

All of the following materials purchased with W. K. Kellogg Foundation funds

GERONTOLOGY SERIES - MEDCOM

The Gerontology Series provides the nursing professional with the insight to help the elderly maintain their independence and optimal health status. The series reviews age-related changes affecting the needs of the elderly and provides strategies for physiological and psychological assessments and nursing care designed to help the elderly cope with common problems and aging.

Meeting Mental Health Needs M098

Discusses normal and abnormal mental health changes of aging and demonstrates guidelines for interventions through the use of the nursing process. Demonstrates a mental health assessment and examines potential problems including depression, confusion and dementia. Outlines intervention designed to improve self-concept, sensory training, reality orientation and remotivation theory.
1987 30 minutes

Meeting Oxygenation and Fluid and Electrolyte Needs M099

Reviews age-related changes affecting adequate oxygenation and fluid and electrolyte balance and how these affect the delivery of nursing care. Discusses interventions for the most common illnesses suffered by the elderly, using a systems approach. These include coronary artery disease, peripheral vascular disease, chronic obstructive pulmonary disease, congestive heart failure, incontinence and diverticular disease. 1987 41 minutes

Meeting Mobility, Sexual and Nutritional Needs

Reviews age-related physiological changes, using a systems approach and demonstrates nursing care designed to help the patient cope with lifestyle and health problems. Explores ways to help the elderly maintain mobility and promote self-care, foster intimacy and sexual adjustment and optimize nutrition. Discusses functional impairments, osteoporosis, rheumatoid arthritis, degenerative joint disease, sexual dysfunction and nutritional problems. 1987 35 minutes

Skills Tapes - Practice Laboratory

Basic Clinical Skills - Series I MEDCOM

Designed as a basic overview of skills necessary for patient care at the Nursing I level, this series also provides the nursing assistant with an understanding of strategies and techniques for quality patient care.

Blood Pressure M030

Demonstrates the use of the stethoscope, aneroid and mercury manometers as well as electronic devices for determining blood pressure. Explains both palpatory and auscultatory methods to assess blood pressure. Traces actual Korotkoff sounds through each phase of assessing blood pressure. Discusses essential elements of documentation. 1985 16 minutes

Temperature, Pulse Respiration M031

Presents techniques to measure temperature, pulse and respiration. Demonstrates measurement of patient's oral, axillary and rectal temperature using mercury and electronic devices. Describes techniques for determining the pulse including rate, quality, and sites to be used. Assesses the rate, depth, rhythm and quality of respiration. 1985 19 minutes

Bed Bath M032

Demonstrates the step-by-step process for performing a bed bath emphasizing the use of proper body mechanics. Presents details of the back massage, describing various strokes. Discusses special techniques for perineal care. Illustrates other grooming measures such as shaving, hair and oral care. 1988 22 minutes

Cleansing Enema M033

Demonstrates preparing the patient and a step-by-step discussion of readying the enema solution, administration, and patient care after administration. Discusses indications for small and large volume enemas and demonstrates administration techniques for both. 1988 22 minutes

Basic Clinical Skills - Series II MEDCOM

Urinary Care M035

Introduces a brief description of the anatomy of the urinary system. Demonstrates procedures for specimen collection of a routine urine, midstream urine, 24-hour urine and a sample collected from an indwelling catheter. Emphasizes proper collection technique for all specimens. Describes nursing responsibilities when caring for the patient with an indwelling catheter, including management of the system, ambulation and emotional support. 1988 22 minutes

Admission and Discharge M037

Demonstrates preparing the patient's room prior to arrival, orienting the patient and family to the hospital room, completing necessary documentation and handling patient belongings. Discusses discharge responsibilities including providing assistance when the patient leaves. Describes guidelines for patients admitted and discharged from an ambulatory care setting. 1985 17 minutes

Medical Asepsis M039

Discusses fundamental principles of infection control and the role of the health care team member in implementing asepsis throughout practice. Illustrates the importance of the professional's personal health and hygiene. Demonstrates the procedure for routine handwashing. Presents additional strategies to control the spread and growth of microorganisms through the use of patient hygiene measures, management of patient care equipment and proper isolation procedures. 1988 18 minutes

Nurse Education - Level I MEDCOM

Airway Management Series

Chest Tubes: Patient and System Management M025

Illustrates relevant anatomy and physiology of the respiratory system. Discusses indications for closed chest drainage and preparation of the patient prior to chest tube insertion. Explains measures designed to promote air and/or fluid drainage and techniques for maintaining system function. Demonstrates maintenance procedures such as stripping the tubing, dressing changes and troubleshooting for complications. Review nursing responsibilities related to tube removal. 1985 27 minutes

Suctioning: Nasotracheal, Oropharyngeal and Endotracheal Techniques M026

Reviews pertinent structure and function of the respiratory system. Discusses potential hazards of accumulated respiratory secretions and natural and assisted methods of secretion removal. Describes assessment data indicating a need for nursing intervention with assisted techniques. Demonstrates step-by-step procedures for nasotracheal, oropharyngeal and endotracheal suctioning, including preparation of supplies and oxygenation of the patient before, during and after the procedure. Presents potential complications and related nursing interventions. Highlights evaluation of effectiveness of the procedure and related documentation. 1985 34 minutes

Tracheostomy Care, Tube Change and Artificial Airway Cuff Management M027

Provides an overview of safe, effective management of the patient with an artificial airway in the clinical environment. Demonstrates tracheostomy care from equipment and supply set-up through cleansing the inner cannula and stoma and replacement of dressing and ties. Presents a coordinated efficient team approach to tracheostomy tube change. Describes the significance of cuff pressure and specific techniques to reduce the complications from improper airway care. Outlines criteria necessary for accurate documentation. Highlights all demonstrations using close-up motion to aid in teaching necessary precise movements for each procedure. 1985 24 minutes

Surgical Care Series

Surgical Wound Care M040

Demonstrates important skills including preparation and maintenance of the sterile field, dressing change with a dry, sterile non-occlusive dressing and the wet-to-dry dressing. Features, during the dressing change procedure, the principles of healing by primary and secondary intention. Presents actual clinical examples of normal healing and potential complications. Emphasizes responsibilities for continuing assessment of the wound and accurate documentation. 1988 27 minutes

Urethral Catheterization M042

Explains the indications for urethral catheterization with emphasis on the patient's need for emotional support and teaching. Differentiates between intermittent and continuous catheterization with indications for each. Discusses the use of retention versus non-retention catheters and the supplies necessary for insertion. Demonstrates the procedure for removal of a retention catheter. 1985 25 minutes

Nasogastric Tube Intubation M049

Defines the use of a nasogastric tube and highlights indications for its use. Reviews the types of nasogastric tubes and methods of suction used with each. Demonstrates a step-by-step NG tube insertion, emphasizing, through the use of a patient care plan, interventions designed to promote patient comfort. Explains steps to perform system checks such as irrigation of the tube, monitoring of fluid and electrolyte balance and removal of the NG tube. 1986 26 minutes

Gastrointestinal Nursing Care Series

Ostomy Care 1118 (video transfer)

Focuses on the care of the ostomy patient with special emphasis on the patient's emotional and physical needs. Defines colostomy and ileostomy and presents specific procedures for care of each, including appliance application and irrigation. Describes different types of colostomies and ileostomies, as well as complications that may occur and nursing measures designed to prevent each. 1985 18 minutes

$PHYSICAL ASSESSMENT SERIES - MEDCOM

The Physical Assessment Series is designed to provide a systematic approach and guidelines for gathering data to establish a baseline assessment. All systems are represented in the series with proven strategies for obtaining the most accurate data from the assessment.

$The Head and Neck M016

Examines specific structures including scalp, hair, eyes, nose, ears, mouth and neck. Demonstrates use of the ophthalmoscope and otoscope, highlighting specific techniques for examination of the head and neck. Discusses normal and abnormal findings. 1985 20 minutes

$The Lungs M017

Demonstrates assessment of the chest and respiratory status through systematic inspection, palpation, percussion and auscultation. Describes percussion over the chest. Explains respiratory and diaphragmatic excursion, tactile fremitus and vocal resonance on the anterior and posterior chest wall. Presents examples of bronchovesicular, vesicular, bronchial and adventitious breath sounds as heard through auscultation. 1985 23 minutes

$The Heart M018

Illustrates the anatomy of the heart and the cardiac cycle, highlighting the assessment of the heart and great vessels. Demonstrates specific techniques for assessing the apical pulse, determining cardiac size and location, the carotid and jugular pulse and evaluating heart sounds, rate and rhythm. Presents examples of normal heart sounds as heard on auscultation at specific anatomical locations. 1985 25 minutes

$The Abdomen M019

Illustrates the general contour and internal structures of the abdomen. Presents two systems for visualizing underlying structures. Demonstrates specific techniques for examining the liver, spleen and kidneys. Describes normal and abnormal findings obtained from auscultation, percussion and palpation. 1985 22 minutes

$The Neurologic System M020

Explains the criteria used to determine the level of consciousness, speech and language used in the neurologic assessment. Demonstrates specific techniques for examining each of the cranial nerves. Presents methods for examining sensory responses, reflex response, sense of position, two-point discrimination, balance, muscle tone, symmetry and strength. 1985 25 minutes

$The Musculoskeletal System M021

Describes the function, structure and shape of the musculoskeletal system, emphasizing the normal symmetry of muscles, bones and joints. Demonstrates techniques for determining range of motion in joints. Highlights criteria for evaluation of specific normal and abnormal findings. 1985 20 minutes

$The Integumentary System M024

Presents guidelines for systematic assessment of skin, hair and nails. Demonstrates a systematic approach to inspection and palpation, comparing both sides of the body. Focuses on evaluation of skin color, vascularity, temperature, mobility, turgor, texture, moisture, edema and the presence of lesions or masses. Discusses guidelines for assessment of dark-skinned and black patients.

SPRINGHOUSE - Video Skill Series

Assessing Heart Sounds (2 copies)

Normal and abnormal heart sounds are heard and their physiological causes identified. Key topics include auscultatory sites, S_1 through S_4, tricuspid regurgitation, mitral regurgitation, pulmonic stenosis, sortic stenosis, aortic regurgitation, pulmonic regurgitation, mitral stenosis, and tricuspid stenosis.

Assessing Breath Sounds

Normal and abnormal breath sounds are heard and their physiological causes identified. Key topics include auscultatory sites and sequencing, normal breath sounds, bronchial breathing, bronchophony, whispered pectoriloquy, egophony, absent breath sounds, late inspiratory bibasilar crackles, early inspiratory and expiratory crackles, random monophonic wheezes, and expiratory polyphonic wheezes.

Detecting and Managing I. V. Therapy Problems

Focuses on how to prevent potential problems by choosing the vein and cannula appropriate for the solution or medication and the patient's condition, how to initiate successful venipuncture, how to detect problems promptly and how to intervene effectively when problems occur. Key topics include correct vein selection, venipuncture (indirect and direct approach), flow rate problems, infiltration, extravasation, infection (infusion site), phlebitis, and systemic complications.

OTHER

AIDS Issues 88
VHS Color 4 tapes - 7 hours

Videotapes of lectures included in "AIDS Issues '88," an all-day workshop designed to include the seven hours of AIDS education and training required by the State of Washington for re-licensure of health care workers. Includes epidemiology, pathophysiology, infection control guidelines, testing and counseling, legal and ethical issues, medical records, clinical manifestations and diagnosis, treatment and disease management and psychosocial and special group issues. Sponsored by Evergreen Pharmaceutical Services. Held Wednesday, December 14, 1988, at the Westin Hotel, Seattle, WA.

APPENDIX VI

FACULTY DEVELOPMENT ACTIVITIES

Date	# Faculty	Event/Sponsor
9/14/1989 9/15/1989	18	Faculty Retreat at Silverdale
10/12/1989	1	Annual Women's Health Care Conference - Seattle, WA (segments on osteoporosis and hormone replacement) Planned Parenthood
10/17/1989 10/20/1989	2	Community College - Nursing Home Partnership National Staff Meeting at Asilomar
10/27/1989	1	"Advances in Pain Control" Overlake Hospital Medical Center Bellevue, WA
10/3, 11/7, 12/3, 1989	1	Puget Sound Forums on Aging Cabrini Hospital/NWGEC Seattle, WA
12/13/1989	13	Evaluation: Process & Outcomes Helen Hanson/CCNHP
2/21/1990 2/23/1990	1	Western Institute of Nursing 4th Annual Assembly - Portland, OR
2/21/1990 2/23/1990	1	Gerontological Nursing Contemporary Forums - San Diego, CA
2/28/1990	3	Aging As A Spiritual Journey Northwest Family Training Institute Seattle, WA
3/1/1990 3/4/1990	1	Association for Gerontology in Higher Education 16th Annual Meeting Kansas City, MO
1/16, 2/20, 3/13, 1990	1	Puget Sound Forums on Aging Cabrini Hospital/NWGEC Seattle, WA
3/19/1990	1	First Annual Gene E. Lynn Geriatric Nursing Conference - Swedish Hospital Medical Center Seattle, WA
3/21/1990	1	Geriatric Drug Therapy - U of W Continuing Education in Nursing - Seattle, WA
4/5/1990 4/8/1990	1	American Society on Aging 36th Annual Meeting - San Francisco, CA

	4/10/1990	1	Bioethics: A Clinical Focus - Swedish Hospital Medical Center Nursing Dept. Seattle, WA
	4/11/1990	1	Bioethics: Clarifying the Controversy Swedish Hospital Medical Center Nursing Dept. Seattle, WA
	4/21/1990	6	CCNHP National Staff/Faculty/DON Meeting Seattle, WA
	4/22/1990	2	CCNHP National Staff Meeting - Seattle, WA
	3/27, 4/3, 4/10, 4/17, 4/24, 5/1, 5/8, 5/15, 1990	2	"A Gerontological Smorgasbord" - Shoreline Community College - Seattle, WA
	5/18/1990 5/19/1990	1	"Contemporary Psychopharmacology & Therapeutic Approaches for Depression Through the Ages" Seattle Mental Health Institute
	5/21/1990	2	"Working With the Difficult Elderly Client" American Society on Aging - Portland, OR
	5/20/1990 5/24/1990	1	National Teaching Institute - American Association of Critical Care Nurses San Francisco, CA
	5/30/1990	1	"Psychosocial Care of Aging Persons with Cognitive Changes" - University of Washington Continuing Nursing Education - Seattle, WA
	5/1, 6/5, 1990	2	Puget Sound Forums on Aging Cabrini Hospital/NWGEC
	6/20/1990 6/23/1990	1	Interactive Healthcare 90 Conference & Exposition - Stewart Publishing, Inc. Washington, D.C.
*	7/16/1990 7/20/1990	7	NWGEC 5th Annual Summer Institute - "Future Trends in Aging" - Seattle, WA
*	7/30/1990 7/31/1990	1	"Geriatric Nursing," - Cook County Graduate School of Medicine/Division of Nursing, Chicago, IL

* Funded with 1989-90 grant monies

APPENDIX VII

Shoreline Community College
Dept. of Nursing
Nurs. 212-M

Quarter: F/W/S Year 1989/90
Preceptor: _____
Instructor: _____
Facility: _____

STUDENT EVALUATION OF MANAGEMENT PRACTICUM

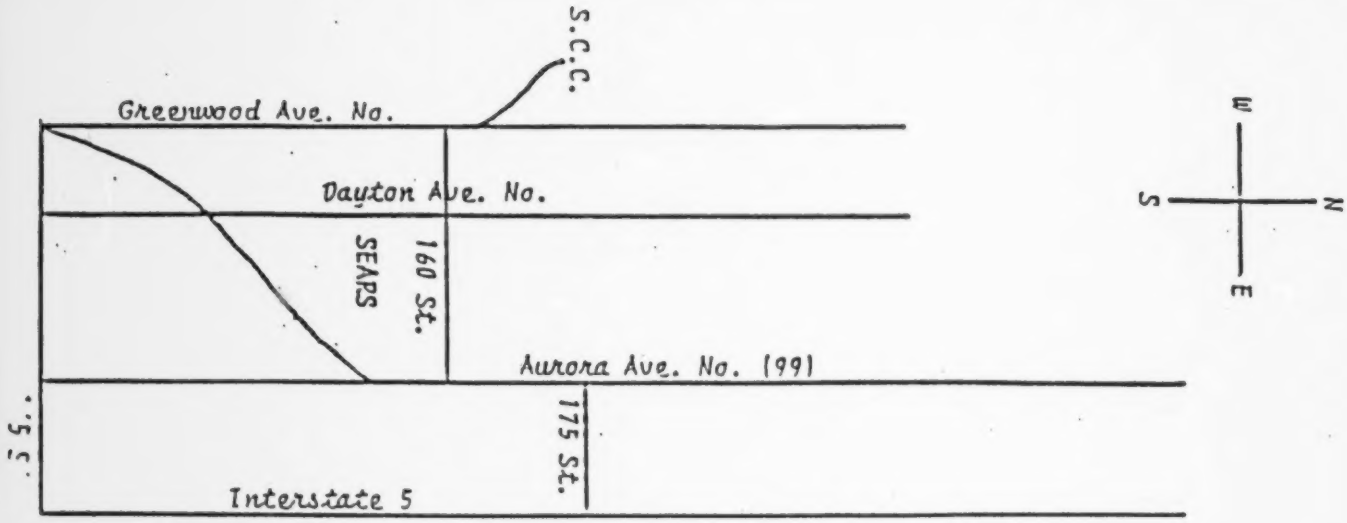
Directions: Complete this Form at the end of the practicum.
Score: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent,
x = unable to assess or not applicable

The Preceptor:	N = 46	RATING	
		% 4	% 5
1. Is knowledgeable about principles of nursing care for the resident		33%	67%
2. Is available to the student		24%	63%
3. Attempts to establish rapport with student		22%	72%
4. Assists the student in the clinical area		26%	63%
5. Supervises student activities/nursing care		35%	54%
6. Communicates with student verbally or in writing regarding student progress		22%	63%
7. Gives constructive criticism to student		30%	54%
8. Uses pertinent information obtained from appropriate clinical facility staff regarding student's performance to give feedback to student		35%	41%
9. Encourages student to function at optimum level and toward independent functioning		24%	67%
10. Responds constructively to student's ideas and experience		28%	63%
The Instructor:			
1. Is available to the student for special needs		24%	63%
2. Provided necessary assistance to adapt to preceptor's setting		28%	57%
The Facility:			
1. Was conducive to meeting the student's learning needs		30%	59%
2. Provided necessary assistance to adapt to preceptor's setting		26%	59%

COMMENTS:

AR-MngPr.Evl
7/1/90 - K-90

APPENDIX VIII



The Community College-Nursing Home Partnership
at
Shoreline Community College

Welcomes You to

STUDENT AWARENESS DAY
"CRITICAL CHALLENGES FOR NURSING HOME CARE IN THE 1990's"

May 3, 1990

Partially Funded by the W. K. Kellogg Foundation

Shoreline Community College
Department of Nursing
16101 Greenwood Ave. N.
Seattle, WA 98133

REGISTRATION - STUDENT AWARENESS DAY - May 3, 1990

Name _____

Address _____ Street _____ City _____ State _____ Zip

College/University _____

There is no fee for this workshop. It is partially funded by the W. K. Kellogg Foundation. Refreshments are provided in part by the U. S. Army Reserve.

Please mail this registration form to Shoreline Community College Nursing Department, 16101 Greenwood Ave. N., Seattle, WA 98133. Deadline for registration is April 20, 1990. For further information call 546-4743.

Program Goals and Objectives

This program will explore the challenges - present and future - for the nurse engaged in caring for the older adult in the long-term care setting.

Upon completion of the program the participants will:

* identify at least two major challenges for nurses employed in nursing homes in the 1990's.

* relate the educational preparation provided by Associate Degree Nursing programs to the challenges presented.

* outline concerns that must be addressed to creatively meet major challenges.

Schedule

May 3, 1990

8:30 Registration

9:00 Welcome - Celia Hartley

9:15 Keynote Address
Marty Richards, M.S.W., A.C.S.W.

10:30 Mid-morning Refreshments

11:00 Panel
Moderator: Bronwynne Evans, R.N., M.N.
Shoreline CC: Linda Ingle, R.N.
Yakima Valley CC: Jorja Martin, L.P.N., N.S.
Everett CC: Joyce Schmelz, N.S.
Tacoma CC: Colleen Erker, N.S.

12:00 Wrap-up - Marty Richards

12:30 Adjourn

Location

Shoreline Community College
1700 (Nursing) Building
16101 Greenwood Ave. N.
Seattle, WA 98133

Parking

75¢ (3 quarters) at any gate

Employment

SECTION F

The Seattle Times, Seattle Post-Intelligencer, May 6, 1990

Program to promote nursing urged

Richard S. Heyza / Seattle Times

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BEST COPY AVAILABLE

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APPENDIX IX

WELL OLDER ADULT EXPERIENCE

OBJECTIVES: The nursing student will:

- Become acquainted with the activities and services of one senior center in the community.
- Interact with an older adult using the senior center.
- Discuss his/her responses to the senior center and the interaction.

On the second practicum day of the first week of the quarter, you will visit a senior center in the North Seattle area and observe the activities taking place there. We will have a list of senior centers from which you may choose. In addition, you will interact with an older adult who has come to the senior center for some aspect of the activities/services offered there.

ASSIGNMENT: Write about your observations of the senior center, using the following guide:

A. Part I - The Senior Center

1. How do older adults learn about the center and the activities and services offered there?
2. Is transportation provided to the center for those wishing to come who do not have other transportation?
3. What activities did you observe while visiting the center?
4. Give examples of activities/services offered at other times of the day.
5. What is the general state of health/mobility of the older adults using the center?
6. Describe the atmosphere and general mood you felt/observed while visiting the center.

B. Part II - The Interaction

Write a brief summary of your interaction with an older adult. Do not exceed one page. Were there any responses you received that surprised you? How would you describe your interaction?

Listed below are examples of questions you could use in interacting with the older adult.

1. What is the main reason you come to the center?

2. What term is most acceptable to you when referring to your age group (i.e., senior citizen, senior adult, older adult, elder, aged?)

3. Describe what is most important to you at this time in your life.

4. Describe something that brought great pleasure to you in the past.

5. Describe a typical day in your life. Are there any changes you would like to see made?

6. How would you describe your health? What causes you to feel this way?

7. Are there any experiences (positive or negative) that you have had with a nurse that quickly come to mind?

8. In what way(s) do you see a nurse helping you with your health care?

APPENDIX X

The
Community College-Nursing Home
Partnership

NEWSLINK

WINTER 1990

Improving Care Through Education

Funded by the W. K. Kellogg Foundation

For further information on The Community College-Nursing Home Partnership, contact:

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Gerry L. Hansen, EdD, RN
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Project Coordinator
Mary Ann Anderson, MS, RN, CNA

FROM VISION TO VICTORY - MAKING SIGNIFICANT CURRICULUM REVISIONS

Guest Editor: Celia Hartley, MN, RN
Director, Nursing Program and Project Coordinator, Shoreline Community College

This issue of *Newslink* is devoted to the topic of curriculum development. In the articles that follow, project faculty participating in The Community College - Nursing Home Partnership share some of the changes made as the emphasis on gerontology has been increased in each of the associate degree nursing (ADN) programs involved in the Partnership. The topics covered include: developing student learning experiences with the well elderly; faculty attitudes during curriculum change; adapting nursing care planning in the long-term care setting; and, the importance of positive role-modeling by nursing faculty. These represent only a small sample of the many teaching techniques implemented by the project colleges over the past three years.

One might ask, "Why go through the effort and stress of changing the curriculum? The ADN curriculum is already jam-packed with content!" The answer is the "demographic imperative." It has been estimated that by the year 2000, half of the elderly population in the U.S. will be age 75 and over. By that same time, over two million persons will reside in nursing homes, and that figure is expected to increase to over four million by the year 2040. Our health care delivery system must be prepared to meet the needs of the elderly. Where better to see some of that change occur than in ADN programs? The majority of these programs are located in community colleges, institutions that hold responsiveness to community needs as one of their primary missions. It is this educational environment that allows us to continue to be a leader in the development of innovative approaches to nursing education.

What suggestions would we offer as you embark on adding gerontology to your curriculum? To start, it need not (and should not) result in additional credit hours added to the curriculum pattern. Careful review and examination of the current program may reveal too much emphasis already exists in a particular content area. For example, if the majority of ADN graduates are seeking beginning staff positions in areas other than obstetrical and psychiatric nursing, what proportion of the curriculum should focus on these areas of study? Eliminating unnecessary depth and repetition of content may, in itself, provide the time needed for gerontology. Although the examination of what truly is essential content can be a somewhat painful process, the activity is worth the faculty effort.

During the process of curriculum examination, we have learned to involve representatives from area long-term care agencies on advisory committees. This involvement implies, of course, that their advice will be heeded. At some project sites, long-term care representatives have long been part of departmental advisory committees, but it was not until these sites became involved in the Partnership project that a "listening ear" was tuned in to what was being said. These experts know the long-term care setting and its needs firsthand.

"Trying to change a curriculum is like trying to move a cemetery... How do you disinter and disturb parts of a curriculum that are cherished, even sacred to some individuals when circumstances cry for change?"

Although new pathways in gerontological nursing are now becoming part of master's preparation, many ADN programs lack a faculty member with this expertise. Faculty are most comfortable teaching what they know best. Faculty need to be encouraged and funded to attend conferences and workshops focusing on the needs of the elderly. Active faculty development programs that contain gerontological content are needed. It is both from personal expertise and experience that classroom examples evolve.

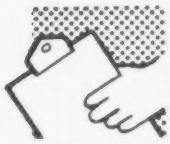
The timing of any curriculum change is critical. For example, it is desirable to have all faculty involved in the discussion of change. Faculty who are enjoying a year's sabbatical, or for other reasons are not present at faculty meetings, may have difficulty following along with the change process. This can unnecessarily slow the progress. It also is important the majority of the faculty support the curriculum revisions. Not all faculty, even if present all of the time, will be enthusiastic about the changes. It has been said that "trying to

continued next page

change a curriculum is like trying to move a cemetery. In both cases, authority and ownership are distributed among many individuals who think they have been granted rights to their own territory in perpetuity. How do you disinter and disturb parts of a curriculum that are cherished, even sacred to some individuals, when circumstances cry for change?"

It is important to look for and maximize opportunities to emphasize gerontological content within the ADN program. For example, for an on-campus career fair, include representatives from long-term care facilities. In the Shoreline Community College curriculum, a mock interview for employment is conducted in an "Issues" class. Prior to the Partnership project, mock interviews were always conducted by an acute care facility representative. Now, equal time is provided to nursing home representatives.

ADN educators across the country are strengthening the curriculum with new emphasis on gerontological nursing. The ideas which follow may challenge you to creativity and innovation in your own educational program.



ADAPTING THE NURSING CARE PLAN TO THE LONG-TERM CARE CLIENT

The nursing care plan as a teaching tool has been a major topic of faculty discussion at the Community College of Philadelphia (CCP)--particularly as it applies to last-semester students assigned to clients in the nursing home setting. The object has been to look for methods of helping students acknowledge the person and recognize the need for individualization in care planning. The collection of accurate assessment data was not enough--faculty wanted to see students use data to redefine the situation and their patient care priorities. On the whole, students, when moved into nursing home settings, wrote good, lengthy care plans without addressing individual client outcomes. Over time, concerns were raised that students might not have the practical knowledge and ability to individualize nursing interventions and make them work within this specific setting. These concerns were coupled with the fact that in nursing homes, changes in patient status often occur relatively slowly when compared with those of a patient in an acute care setting. This phenomena made the establishment of measurable patient outcomes more difficult for the student.

As a result of their discussions, faculty have adopted the following changes in the care plans submitted by students in the long-term care setting:

a) Lengthy written care plans have been replaced with care plans which focus on specific short-term goals. Evaluation of outcomes occurs daily with emphasis on on-the-spot verbalization of care plans.

b) Week after week, the same written care plan is utilized. Using a different color of ink each week, the student reworks goals and evaluation criteria. Somehow, the graphic exercise of using the same sheet of paper demonstrates the dynamic evolving nature of selecting appropriate nursing interventions.

c) In post-conference, students are asked to share their care plans with each other. Together, students critique peer care plans for individualization. During this activity, students demand specific and individualized interventions of one another.

Through this process, students realize that one cannot simply transfer broad interventions intact from one situation to another. In addition, through therapeutic use of self and the incorporation of a caring approach, students realize that flexibility and diversity of competent practice depends on making interventions unique.

INFLUENCING ATTITUDES ABOUT LONG-TERM CARE: STRATEGIES FOR TEACHING/LEARNING

To meet the challenge of effecting positive attitude changes in nursing students and to ease their transition into the nursing home setting, Valencia Community College designed and implemented clinical experiences with clients who are relatively well-elderly individuals in both home and adult day care settings.

Beginning nursing students complete a five-week (one hour per week) home visit experience with well-elderly individuals designed with several areas of focus: communication, development tasks of aging, safety, loss and coping, and wellness. By obtaining clients' life histories, students are able to practice communication skills and identify developmental tasks that elderly clients have achieved. Students have the unique opportunity to experience history through the eyes of live historians.

The well-elder visits are augmented by six weekly small group seminars that reinforce course content and provide the objectives and guidelines for each home visit. Students discuss impressions, general reactions, and feelings about previous visits. The processing of feelings and reactions provides students an excellent opportunity to acknowledge their own attitudes toward aging.

To facilitate the transition from caring for well elders to caring for institutional elders, second-semester students spend one of their clinical days in an adult day care setting. This experience focuses on the functional assessment of chronically-impaired elders and the placement of assigned elders on the long-term care continuum. It also allows students to become aware of the

breadth and scope of long-term care services available to the chronically-ill aged.

Student evaluations have been overwhelmingly positive. While learning to care for the needs of the elderly, students become acutely aware of aging issues such as the economics of aging, the role of families in the life of the older adult, the value of age in society, and their own mortality. Since the incorporation of the long-term care experience, faculty have found students are better prepared for, and more comfortable with, a nursing home clinical rotation later in the program.

THE EXAMPLE IS THE MESSAGE

An important part of any nursing education program is the teaching of communication skills. The method most often used is to draw examples from a younger population with generalization to the elderly. Instead, consider reversing that process.

At Ohlone College, the focus of the first nursing course is on therapeutic communication, interviewing, and history-taking skills with the elderly as featured clients. Students learn to distinguish between culturally-expected social responses, nontherapeutic responses, and focused therapeutic responses that address a specific problem.

When assisting students to distinguish between therapeutic and nontherapeutic responses, the videotape "A Nurse Like Mary" (produced by the Partnership project at Weber State College) helps students contrast the communication styles used by two nurses who interact with a geriatric client. By comparing responses that promote a sense of identity, autonomy, dignity, and self-worth with those that contribute to the loss of dignity, respect and a feeling of hopelessness, students can grasp the effectiveness of therapeutic communication.

Nonverbal communication is taught using the video "What Do You See, Nurse" (produced by Gordon-Kerckhoff Productions) in which an elderly woman provides a verbal and pictorial account of her life. Concepts of reminiscing are introduced as students "look closer" at the client. Students learn to identify and clarify incongruences between verbal and nonverbal responses, to assist patients to clarify thoughts and feelings, and to identify nursing responses that convey caring.

During a class on culture, prejudice and stereotyping, students are encouraged to identify their own biases through a video "Intergenerational Communications: Issues of Respect" (produced by University of Kansas). (The video "What Do You See, Nurse" can also be used.) Students then identify their own values and discuss biases that can distort the communication process.

Teaching client-centered therapeutic communication skills while focusing on the needs of the elderly has several beneficial effects. Three are especially important: 1) it teaches basic communication and interviewing skills; 2) it develops an awareness of the psychosocial problems of aging; and 3) it better prepares students for a career that will provide care to an ever-expanding elder population.

"DACUM" FINDINGS APPLIED TO CURRICULUM CHANGE

The Partnership sponsored a DACUM process, an acronym for "Developing A Curriculum," focusing on the registered nurse's role in long-term care facilities.

A unique, exciting approach to curriculum development and evaluation, the DACUM process brings together resource persons who are expert in their field. Twelve directors of nursing and staff development directors in Partnership nursing homes were invited to participate. This panel identified eighteen competencies as essential for an R.N. working in long-term care. These include:

- continue professional and personal growth;
- exhibit supervisory skills;
- develop and implement a plan of care;
- administer medication to large groups of residents within a limited time;
- practice rehabilitation nursing skills, risk management and infection control;
- manage the living environment;
- observe a code of ethics.

The competency profile became a tool for curriculum review and change, aligning education with the realities of clinical practice.

FACULTY ATTITUDES TOWARD CURRICULUM CHANGE

The attitudes of Triton College associate degree nursing faculty members regarding the process of curriculum change are a microcosm of those often reflected by nursing faculty nationwide. In programs that have come out of a recent accreditation with "shining colors", the idea of any type of change or revision is usually unacceptable. Preparation of the Self Study and the compilation of documents and materials needed for accreditation team review takes extra work, and faculty look forward to a rest from such curriculum endeavors.

When curriculum revision further involves adding new content at the cost of compressing or deleting other parts of instruction, faculty attitudes turn from denial and rejection to outright protection of "territorial rights." If the content to be added involves the area of gerontology, faculty have additional concerns that are more difficult to express--they themselves may not have a strong

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The Community College -
Nursing Home Partnership
OHLONE COLLEGE
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Fremont, CA 94539

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NEWSLINK is a publication of The Community College - Nursing Home Partnership and is funded by the W. K. Kellogg Foundation. The project has as its goals: a) the developing of nursing potential in long-term care settings through inservice education and b) influencing the redirection of associate degree nursing education to include active preparation for nursing roles in long-term care settings.

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knowledge base with regard to the content.

New ideas and new approaches, when presented with reasonable and logical rationale for change, gradually gain acceptance. With acceptance comes ownership and a sense of responsibility for making the changes and new strategies work. Enthusiasm for new ideas and new approaches can also be contagious. As a result of curriculum changes at Triton College, faculty member Connie Allehian said, "All (Triton) ADN faculty are looking at ways to increase their classroom and clinical focus on the needs of the elderly."

This type of enthusiasm generally results in creative thinking that fosters ideas which earlier would have been rejected as "totally unworkable." At Triton, such ideas have been refined and implemented and often resulted in some of the finest teaching strategies used in Triton's programs.

Along with high performance and commitment to meeting the needs of the profession, a new interest in preparing graduates with knowledge and technical skills in gerontology now exists.

POSITIVE ATTITUDES TOWARD AGING AND LONG-TERM CARE DEVELOPED THROUGH ROLE-MODELING

At Shoreline Community College, faculty are convinced that positive role-modeling by nursing faculty profoundly influences the students' attitudes. In nursing literature, many authors speak against using the nursing home as a clinical setting for teaching nursing skills to beginning students. However, at Shoreline, the nursing instructor has a unique and important opportunity to model the role of an effective registered nurse in long-term care.

In the nursing home, students work directly with nursing assistants in providing care to elderly residents, and have little opportunity to observe R.N.s at work. The clinical instructor is the one R.N. with whom the students frequently and consistently interact. Some of the role-modeling is planned specifically for students at the beginning level and identified for them at the time the modeling occurs or in post-clinical conference discussions. An example is the use of effective communication techniques including the use of touch, eye-to-eye contact, and speaking in short, clear sentences. Another example is the gentle handling of the older adult during such activities as bathing and transfer. Some less obvious examples of modeling behaviors include attitudes modeled during interactions with nursing assistants and other employees, and during discussions of patient situations. The specific language used during these interactions, as well as the accompanying non-verbal communication, teach the student about respect for both the residents and the auxiliary personnel.

Interactions with other health care professionals (physicians, nurse practitioners, etc.) may also have an impact, but not necessarily at the time they occur. Students later report remembering helpful examples of such interactions as they move toward more independent function. The best evaluative measure we know--where the new graduate chooses to work--has indicated that nine percent of students who graduated during the 1988-89 academic year accepted their first nursing position in the nursing home setting.

ASSOCIATE DEGREE NURSING AND THE NURSING HOME

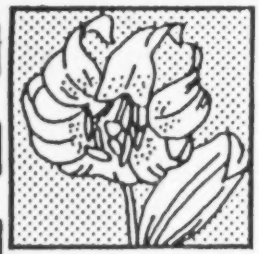
Older Americans represent the fastest growing segment of the population, but are nurses and other health care providers prepared to care for our aging society? The Community College - Nursing Home Partnership sponsored a national worksession in December 1987 to discuss challenges in caring for the elderly and opportunities for educational partnerships between ADN programs and nursing homes. This volume is a compendium of conference presentations, and features such hard-hitting topics as:

- nursing home realities and responsibilities
- shaping competency development
- clinical learning environments in long-term care
- nurses and nursing home residents as partners.

Published in 1988 by the National League for Nursing, this book is available by contacting NLN, 350 Hudson Street, New York, NY 10014, or by calling 1-800-669-1656. Price: $22.95
Pub. No. 15-2241 ISBN 0-88737-423-9

APPENDIX XI

Folks Over 50! Treat Yourself To



SUMMERCOLLEGE FOR SENIORS

An Educational Sampler for Senior Adults on the Campus of Shoreline Community College

16101 Greenwood Avenue North, Seattle, WA 98133

July 24 - 28, 1989
7:45 a.m. to 1:00 p.m. each day

PROGRAM AND CLASS SCHEDULE

7:30 - 7:45 a.m. - Registration, Coffee and Conversation. "Welcome Wagon" serving coffee and snacks during breaks between classes. Participants choose one class at each class hour. (detailed course descriptions can be found on back of this flyer.)

7:45 -8:50 a.m. FIRST CLASS PERIOD
Behind the Headlines: Finding the Real Story - with Nancy Larson, Guest Instructor
The Meaning of Myth - with Mindy Novick, Guest Instructor
Put a "Mac" in Your Life: A Computer Workshop for Beginners - with Jim Fink, Computer Instructor and Lab Technician
The Many Faces of Friendship - with Margaret Svec, SCC Professor Emerita and Doris Olson Warbington, Program Coordinator, SCC Women's Center and Senior Programs

9:00 - 10:15 a.m. SECOND CLASS PERIOD
Creating Music: Video Scores, Ads'N Jingles - with Terry Lauber, SCC Faculty
Russian History: Main Events and Characters - with Michael Dicks, Guest Instructor
Upstage, Downstage, Backstage - with Willy Clark, SCC Faculty
"Psychology Today: New Trends and Developments" - with Irene Wagner, Therapist, Guest Instructor
Identify the Rocks (and Minerals) in Your Life! - with Donn Charnley, SCC Faculty
Art and Literature of Greece and Rome - with Dennis Peters, SCC Faculty

10:30-11:45 a.m. THIRD CLASS PERIOD
Rediscovering the Lost Art of Letter-Writing - with Margaret Svec, SCC Professor Emerita
Pacific Northwest History Before the 1850's - with Lloyd Keith, SCC Faculty
"Thinking On Your Feet" - with Virginia Bennett, SCC Faculty
Women in History: New Faces - with Michael Dicks, Guest Instructor
***Quo Vadis*, Washington? - Geology of the Northwest** - with Donn Charnley, SCC Faculty

Daily Sampler (Class has different lecturers each day)
- Monday, Wednesday and Friday: **Law and Literature: The Function of Law and The Place of Literature** - with Denzil Walters, SCC Professor Emeritus
- Tuesday: **Issues in Bioethics: An Overview** - with Celia Hartley, SCC Director of Nursing Education
- Thursday: **Archaeological "Dig" in Hopi Indian Territory**- with Chuck Fields, SCC Registrar

11:45 a.m. - 1:00 p.m. LUNCH AND PROGRAM IN THE **PUB** (Brown bag or purchase lunch in college cafeteria, PUB.)
SPECIAL EVENT FOR ALL PARTICIPANTS EACH DAY: Entertainment. Special guests. "International Potluck" and conversation with SCC's international students on Thursday.

COST: $35 (**$40 after July 18. Fee includes full 5-day program, except for lunch costs. Some scholarships available.**)

FOR FURTHER INFORMATION: Call 546-4606

Or ask other sponsors of Summercollege: Shoreline Activity Center, Northshore Senior Center, Crista Senior Activities, Lifetime Learning Center, and Senior Services of Seattle/King County. Summercollege is planned and coordinated by the SCC Women's Center and the Office of Special Programs.

SUMMERCOLLEGE FOR SENIORS
July 24 - 28, 1989

Course descriptions: (Indicate your 1st and 2nd choice of classes for each class hour on the registration form.)

7:45 - 8:50 First Class Period

Behind the Headlines: Finding the Real Story. Does the media report what "we want to hear/see?" Is there "another story" behind the student protests in China, the "crisis" in Panama, the "new poor" in the U.S.? Discussion. New insights on today's issues.

The Meaning of Myth. Explore the meaning and use of myth in modern life. Look at the work of Joseph Campbell, who sees myth as ancient wisdom expressed in stories and symbols which guide and depict human experience.

Put a "Mac" in Your Life. Excellent opportunity to use the increasingly popular Macintosh Plus. Become familiar with its icon (picture); its MacWrite, MacPaint , and MacDraw software; word processing and graphics using Macintosh's clever Desk Accessories. A non-technical class. No prior computer experience needed. Limited to 20 persons.

The Many Faces of Friendship. A discussion of the art of friendship as found in literature and our lives: How do we find and develop the kind of relationships that give us space to breathe, room to grow? Consider friendship! Lecture, discussion and group exercises.

9:00 - 10:15 a.m. Second Class Period

Creating Music: Video Scores, Ads'N Jingles. Watch and listen as SCC musician and composer Terry Lauber demonstrates: Computer-enhanced music performance; how synthesizers are used in music for radio and TV advertising.

Russian History: Main Events and Characters. Russia remains a mystery and a frustration for America. Who are the Russians and why does the U.S. view these past allies as enemies? What's the basis of Russia's government and way of life? Discover a different perspective on Russia.

Upstage, Downstage, Backstage. Discussion of how a play happens from audition to opening night; discussions of contemporary playwrights, their tendencies and trends. Plus--a "backstage tour."

"Psychology Today": New Trends and Developments. Overview of recent areas of interest in fields of psychology and psychotherapy. Co-dependency, cognitive therapy, family of origin, self-esteem discussed.

Identify the Rocks (and Minerals) in Your Life. Have you ever wondered what kind of rock that was that you: found on the beach? discovered in your rockery? brought home from Yosemite? Look at the common rockforming minerals, the three main types of rocks, and a little about how they were formed.

Art and Literature of Greece and Rome. Opportunity to read some of the great poems and plays of the classic world and to view some wonderful slides. Special look at exciting places in the Roman Colony of North Africa, and Turkey.

10:30 - 11:45 a.m. Third Class Period

Rediscovering the Lost Art of Letter-Writing. A personal letter! Out of all the junk mail and bills, it's what changes your day! Learn some letter-writing history, practice writing, and enhance your connectedness with others.

Pacific NW History Before the 1850's. A chance to explore the life and history of the peoples of the Pacific NW during the first half of the 19th century.

"Thinking on Your Feet" You've got something to say, but--in PUBLIC! When YOU'RE the center of attention! Spend a week with Virginia Bennett, SCC speech communiations professor, learn invaluable skills, and be on-your-way to feeling comfortable "thinking on your feet."

Women in History: New Faces. Women have influenced history in different ways than men--making changes that people take for granted today. What did they do and say, how and why?

***Quo Vadis* Washington?- Geology of the Northwest.** A look at the overall history and evolution of the Northwest and the relationship of plate tectonics to its geologic features--e.g., rocks, Cascade and Olympic mountain ranges, Puget Sound, Eastern Washington. Also, what does the future hold in terms of earthquakes and volcanoes?

Daily Sampler.

- Monday, Wednesday, Friday: **Law and Literature--The Function of Law and The Place of Literature.** Discussion of the convergence of law and literature in Twain, Dreiser, Melville and Faulkner. "Fairness, justice and efficiency: the fight over legal theory."
- Tuesday: **Bioethics Issues - An Overview:** A look at the health delivery issues of interest to class participants. Euthanasia, abortion, organ transplants, surrogate parenting, etc.
- Thursday: **Archaeological "Dig" in Hopi Indian Territory.** Dr. Fields shares his learning, slides and artifacts from an exciting summer archaeological experience in the American Southwest.

APPENDIX XII

THE WATCH

Shoreline Community College Volume VI, Number 12 May1990

Shoreline Receives Kellogg Grant

Shoreline Community College has received a three-year $233,500 grant from the W.K. Kellogg Foundation.

The College is one of six schools with associate nursing degree programs that have benefitted during the past three years from a Kellogg grant designed to establish partnerships between the colleges and nursing homes.

Shoreline used the initial grant monies to establish those partnerships and to develop a curriculum that emphasized gerontology in its Nursing program.

"Historically, we haven't given adequate attention to the needs of the elderly," said **Celia Hartley**, director of Nursing. The elderly have special needs, and nurses may need to alter their methods of working with patients when caring for older people, she said, adding that the fastest growing population in the U.S. is the over-85 years old group.

The new three-year grant will allow Shoreline and the other participating colleges to disseminate what they have learned and developed to other schools. Plans include developing a training video, a curriculum handbook and conducting three workshops throughout the state for other associate degree nursing programs, Hartley said.

Shoreline's Nursing program was featured in last Sunday's *Seattle Times* in feature article on the national nursing shortage.

Foundation Makes Matching Grant for Daniel Andre Prater Memorial Fund

The Shoreline College Foundation has contributed $200 to the Daniel Andre Prater Memorial Fund. The fund was established after the death of Daniel Andre Prater, son of Shoreline Library Technician **Gale Andre** and her husband Kim Prater, at the request of his parents. The fund will be used to augment the Ray W. Howard Library Children's (book) Collection.

Shoreline Student Receives WAVE Award

Retail Management student **Sherry Rogerson** has become one of 140 students in Washington to receive the Washington Award for Vocational Excellence (WAVE). Rogerson, a Retail Management student, is active in Shoreline's Delta Epsilon Chi (DEC) program, and was recently elected president of the state DEC chapter.

The WAVE scholarship provides a six-quarter (maximum) tuition/fee waiver for undergraduate study at any public vocational/technical school in Washington.

College Helps make "Shoreline Celebration" a Success

SCC employees are teaming up with other members of the community to present a three-day festival of entertaining events to mark the opening of the new Shoreline Center, the former Shoreline High School that is now a community center.

The "Shoreline Celebration," will begin Thursday evening, May 17, and run through Saturday evening, the 19th.

The three-day gala will include readings by prominent Northwest writers Ivan Doig and David Wagoner, and performances by the Uptown Lowdown Jazz Band, the Hula Halau O'Napualani dancers and Shoreline's **Susan Dolacky, Dr. Gloria Swisher** and **Nancy Matesky** and other outstanding performers appearing in

ANNUAL REPORT

July 1, 1990 - June 30, 1991

The Community College-Nursing Home Partnership: Improving Care Through Education

Continuation Grant

Submitted to
W. K. Kellogg Foundation
By Shoreline Community College
Seattle, Washington

Celia L. Hartley M.N., R.N.
Project Director

Patricia M. Bentz, M.S.N., R.N., C.
Project Co-Facilitator

Janice R. Ellis, Ph.D., R.N.
Project Co-Facilitator

Shoreline Community College

ANNUAL REPORT TO THE W. K. KELLOGG FOUNDATION FOR PROJECT TITLED

"THE COMMUNITY COLLEGE-NURSING HOME PARTNERSHIP: IMPROVING CARE THROUGH EDUCATION"

Continuation Grant

July 1, 1990 - June 30, 1991

Project summary:

The Kellogg Foundation extended the period of time in which Shoreline Community College could expend the unused funds from the original Community College Nursing Home Partnership grant to continue implementation of the objectives of that project.

The major area of emphasis during this year was the continuation of both nursing home staff and college faculty development. Workshops were held for nursing home staff and faculty were supported in attending continuing education events in gerontology. Work on curriculum enhancement and the development of positive attitudes in students continues to be an ongoing process.

Progress Toward Outcomes:

Objective I: Establish mechanisms that foster communication between the Shoreline associate degree nursing program, nursing homes and elder care centers and develop cooperative activities aimed at improving the quality of patient care.

Mechanisms for communicating with nursing homes were established at the beginning of the original project. The College faculty continued to maintain contact with nurses employed in nursing homes.

On November 27, 1990 and December 4, 1990 a set of classes on "About Time: Managing Your Time Effectively" was held for nurses working in nursing homes. Although the group attending was small all participants responded to the workshop with enthusiasm. (See Appendix I.)

Preparation of nursing home nurses to be preceptors for Shoreline nursing students was continued through the provision of another Preceptor Preparation Workshop on December 13, 1990 attended by 11 nurses. Because of the constraints on time and resources, the workshop was

redesigned to take one day rather than two days as it did before. The response of participants was positive. (See Appendix II.)

One major endeavor in maintaining communication was the provision of a Preceptor Update workshop on March 19, 1991 for those nurses who had attended the original Preceptor Preparation Workshops and who had acted as preceptors to Shoreline nursing students who are enrolled in a management practicum that takes place in the nursing homes. Eleven nurses attended this workshop. In addition to reviewing concerns related to their roles as preceptors, Suzanne Sikma, a doctoral candidate from the University of Washington School of Nursing spoke to the group on mentoring. (See Appendix III.)

A conference entitled "Ethical Dilemmas in End of Life Issues" was held on May 3, 1991 at the college. This conference was co-sponsored by the University of Washington School of Nursing Center for the Care of Older Adults at Ida Culver House, Broadview and the Northwest Geriatric Education Center. Speakers included a nurse involved with public policy, a nurse attorney, an ethicist, and a physician. Ninety six individuals attended this conference. The audience included nurses, social workers, psychologists, pastors, and nursing students. Evaluations by those attending the conference were uniformly positive and encouraged having other conferences on this topic. (See Appendix IV.)

Objective II: Provide a specific structure and incentive for faculty development activities to stimulate interest in and acquire skills for educating those responsible for the care of elders.

The nursing faculty at Shoreline have continued to enhance their knowledge of gerontology and long term care through attending a variety of workshops and conferences. During this year, 18 faculty members attended a total of 356.25 hours of continuing education in this area. This included attendance at 27 different educational offerings.

Two workshops each two hours in length, titled "Coping With Elderly Parents" were held for faculty and employees of the college during fall and winter quarters. A nursing faculty member served as the presenter in these problem-focused workshops. Although a formal evaluation was not done, the 12 participants expressed their thanks for providing this forum for them to learn and share their experiences.

Objective III: Reexamine current curriculum to identify and describe changes necessary to enhance program emphasis on gerontology and the nursing role in long term care.

The curriculum changes that were designed through earlier grant activities included more effectively integrating gerontology throughout the curriculum, adding a course in management theory and experiences in long term care in the second year. The faculty has continued efforts to fine-tune course content. A faculty retreat held prior to the start of school fall 1990 served as a kick-off to the year's curriculum work.

Objective IV: Implement learning experiences designed to foster in students positive attitudes toward work with elders and to encourage graduate interest in gerontological nursing as a career choice.

Efforts to enhance positive student and faculty attitudes toward gerontology and nursing home care have continued. Faculty members have continued to seek learning activities that will assist in developing positive attitudes in students. Work has begun on analyzing results of the Facts on Aging Parts I and II and Kogan's Old Peoples Scale questionnaires that were given to students at the beginning and end of their first quarter in our nursing program.

Objective V: Evaluate all project activities, both process and outcomes.

Evaluation of all project activities has continued. As mentioned above, each workshop was evaluated by participants as well as by the planners. Faculty have been asked to maintain records of continuing education in gerontology and report these. Regular course evaluations are done by faculty and students. These evaluations are processed by a nursing program evaluation committee and used to plan for needed curriculum enhancement. By the end of the summer, the results of the questionnaires measuring attitudes should be available.

Objective VI: Report evaluation of project processes and outcomes to the project administrator and develop plans for dissemination of findings to associate degree nursing educators, nursing homes, and others interested in care of the elderly in the community.

Dissemination activities are underway and reported as part of the Annual Report for the Dissemination Grant, Dissemination: Expanding Collaboration Between Community Colleges and Nursing Homes.

Other: Shoreline continues to look for ways to expand gerontologically focused interest beyond the nursing curriculum. The Director of the program and faculty continue to respond to requests to present to other groups such as the Women's Program and Summercollege for Seniors on the Shoreline campus.

In 1990-91 $2500 was set aside for use by the Dental Hygiene program. A part-time dental hygiene instructor served as liaison between the program faculty and personnel in a local nursing home. She supervised second year students providing preventative dental hygiene prophylaxis to long-term care residents during spring quarter. These services will be continued summer quarter by first year students after completion of relevant course work.

Curriculum revision has resulted in development of a new course entitled "Dental Gerontology" (1 credit) to be taught summer quarter. The dental hygiene curriculum has improved emphasis in geriatrics by increasing lecture from 5 to 10 hours and expanding clinical experiences from 2 to 5 hours for each student. Dental hygiene faculty will meet during summer quarter to plan geriatric curriculum and clinical experiences for the next academic year.

Faculty development in gerontology has been promoted by purchasing a number of videotapes and learning aids to be used for faculty in-service and by funding registration fees for several faculty to attend appropriate continuing education courses. (See Appendix V.) Similar activities will continue to 1991-92.

Future Plans:

We intend to continue these same activities through next year as we complete the grant.

ANNUAL REPORT

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Continuation Grant

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Shoreline Community College

ANNUAL REPORT TO THE W. K. KELLOGG FOUNDATION

FOR PROJECT TITLED

"THE COMMUNITY COLLEGE-NURSING HOME PARTNERSHIP:

IMPROVING CARE THROUGH EDUCATION"

Continuation Grant

July 1, 1991 - June 30, 1992

Project summary:

The Kellogg Foundation extended the period of time in which Shoreline Community College could expend the unused funds from the original Community College Nursing Home Partnership grant to continue implementation of the objectives of that project.

The major area of emphasis during this year was the continuation of both nursing home staff and college faculty development. Workshops were held for nursing home staff and faculty were supported in attending continuing education events in gerontology. Evaluations of the faculty and nursing home staff underscore the value of this continuing education emphasis.

Work on curriculum development and refinement was ongoing and additional resources to enhance gerontological nursing education were purchased. Course materials reflect and overall integration of gerontological nursing content and emphasis on the nursing home as a setting for clinical experience. Evidence of the positive effect of the project activities on attitudes of nursing students was obtained.

This concludes the work of the Shoreline Community College - Nursing Home Partnership Project in regard to the Continuation Grant. The College, the participating nursing homes, and the nursing faculty remain committed to the aims of the grant and to the education of nursing students to provide high quality care for older adults.

Progress Toward Outcomes:

Objective I: <u>Establish mechanisms that foster communication between the Shoreline associate degree nursing program, nursing homes and elder care centers and develop cooperative activities aimed at improving the quality of patient care.</u>

Mechanisms for communicating with nursing homes were established at the beginning of the original project. The College faculty continued to maintain contact with both administrative and staff nurses employed in local nursing homes.

On December 9, 1991 another "Preceptor Preparation Workshop" was held for nurses from our participating nursing homes. The nursing home administrative staff continue to express that this class assists the nurses in developing their own management skills as well as assisting them to be effective preceptors to students in a management experience. The response of participants continues to be positive. (See Appendix I.)

A conference entitled "Everyday Ethics of Caring" was held June 9, 1992 at the college. This conference was co-sponsored by the University of Washington School of Nursing Center for the Care of Older Adults at Ida Culver House Broadview and the Northwest Geriatric Education Center speakers included a nurse involved with assisting nursing homes in the San Francisco Bay area in examining ethical issues, nurses from hospice, hospitals, primary care, and nursing home settings and social workers from nursing home settings. Sixty people attended this conference including nursing home administrators, social workers, and nurses involved in home care, nursing homes, and psychiatric settings. Evaluations by those attending were positive. (See Appendix II.)

In lieu of a formal preceptor update, all preceptors were invited to attend the Ethics conference without charge. Six preceptors participated in this conference.

In cooperation with the Staff Development Resource of Crista Nursing Center and the Health Care/Nursing Program of City University, we sponsored a 16 hour workshop entitled "Train The Trainer." This workshop was designed to provide staff development coordinators in nursing homes with the basic education they need to function effectively in their positions. The course meets the requirement of the OBRA legislation for training of those who will teach nursing assistant certification programs. This workshop was presented in January and May in Seattle and again in June in Spokane, Washington. A total of sixty people attended the three sessions representing approximately fifty nursing homes throughout the state. These nursing

homes have a total of over 5,000 staff members and 4,000 residents. The potential for positively impacting the care of these residents is immense. (See Appendix III.)

Objective II: Provide a specific structure and incentive for faculty development activities to stimulate interest in and acquire skills for educating those responsible for the care of elders.

The nursing faculty at Shoreline have continued to enhance their knowledge of gerontology and long term care through attending a variety of workshops and conferences. During this year, 11 faculty members attended a total of 316 hours of continuing education in this area. This included attendance at 9 different educational offerings.

Objective III: Reexamine current curriculum to identify and describe changes necessary to enhance program emphasis on gerontology and the nursing role in long term care.

The curriculum changes that were designed through earlier grant activities included more effectively integrating gerontology throughout the curriculum, adding a course in management theory and experiences in long term care in the second year. The faculty has continued efforts to fine-tune course content.

A faculty retreat held prior to the start of school fall 1991 served to again focus efforts on curriculum enhancement in regard to the care of the elderly. Special efforts this year have been directed toward enhancing the one-to-one experience students have with older adults as part of the psychosocial nursing course.

Additional audio-visual aides to support gerontological education were purchased. These included three videotapes and one interactive videodisc program.

Objective IV: Implement learning experiences designed to foster in students positive attitudes toward work with elders and to encourage graduate interest in gerontological nursing as a career choice.

Final analysis of the data gained through the use of the Kogan's Old Peoples' scale at the beginning and end of the first quarter of the program was completed. Analysis of data revealed

a significantly more positive attitude at the end of the quarter of caring for residents in a nursing home. This result was an affirmation of the beliefs of the faculty that attitudes can be enhanced by contact with older adults in the nursing home within a carefully planned educational experience.

The results of this study were presented as a poster session at the Western Institute of Nursing/Western Society For Research In Nursing annual meeting in San Diego, May 2, 1992. The poster will be presented again at the International State of the Science Conference for Nursing in Washington, D.C. in August, 1992. An article describing this study and the results has been submitted for publication to the Journal of Nursing Education.

Objective V: Evaluate all project activities, both process and outcomes.

Evaluation of all project activities has continued. As mentioned above, each workshop was evaluated by participants as well as by the planners. Faculty have been asked to maintain records of continuing education in gerontology and report these. Regular course evaluations are done by faculty and students. These evaluations are processed by a nursing program evaluation committee and used to plan for needed curriculum enhancement.

Objective VI: Report evaluation of project processes and outcomes to the project administrator and develop plans for dissemination of findings to associate degree nursing educators, nursing homes, and others interested in care of the elderly in the community.

Dissemination activities are underway and reported as part of the Annual Report for the Dissemination Grant, Dissemination: Expanding Collaboration Between Community Colleges and Nursing Homes.

Other: Shoreline continues to look for ways to expand gerontological interest beyond the nursing curriculum. The Director of the program and faculty continue to respond to requests to present to other groups such as the Women's Program on the Shoreline campus.

During the 1991-1992 academic year a portion of grant funds were used to support on-going involvement with the Dental Hygiene Program. A series of three planning meetings were held (summer, fall, and winter) for dental hygiene faculty to evaluate and improve the gerontology portion of the curriculum. Faculty reviewed outcomes of the past year, refined learning objectives, and developed a master plan for future sequencing of gerontology content throughout the dental hygiene curriculum. They also incorporated gerontology into clinical courses by working with a part-time dental hygiene instructor who served as a liaison to the nursing home and supervised students providing dental health education and preventive dental services for residents. Faculty development in gerontology was promoted by using grant monies to fund registration fees for selected faculty to attend continuing education courses related to gerontology.

Curriculum revision has resulted in development of a new course entitled "Dental Gerontology" (1 credit) to be taught summer quarter. The dental hygiene curriculum has improved emphasis in geriatrics by increasing lecture from 5 to 10 hours and expanding clinical experiences from 2 to 5 hours for each student. Dental hygiene faculty will meet during summer quarter to plan geriatric curriculum and clinical experiences for the next academic year.

Future Plans

The faculty of the Shoreline Nursing Program remain committed to the aims of the grant. Although the absence of the funds to support gerontological continuing education will be felt, the faculty do plan to use the available college resources and locally available programs to continue their own development.

The continuing education events have been well received by our nursing community. Attendees have asked that we continue to have an ethics related conference. Although this would need to be self-supporting, the mechanism now exists on our campus to involve our continuing education department in ongoing efforts in this arena. The "Train the Trainer" programs are largely self-supporting at this time with the exception of the salaries of the nursing program faculty who are involved. The intent is that this program will continue to be presented and that

it will become self-supporting also. Crista is committed to the role of resource in staff development for long-term care agencies.

The partnerships that have been forged in this community are rooted in the community's needs and the commitment of the community colleges to those needs. In other communities, these same needs and commitments exist. Efforts to help others forge the necessary links are being very successful in our dissemination project.

Dissemination

The dissemination activities have been underway for two years. These are reported in the Annual Report of the Dissemination Grant from the Kellogg Foundation.

Project Director's Opinion

A. What are the most important outcomes and "lessons learned" from this project?

Certainly, one of the most important outcomes must be the verification and validation that the nursing home is an ideal site for teaching certain nursing skills and attitudes to associate degree nursing students. This is true of skills acquired during the second year of study as well as those basic skills that one might traditionally consider teaching in a nursing home environment. The project schools learned, in fact, that certain skills could be BEST taught in the nursing home.

Perhaps the second most important "lesson learned" from this experience is that attitudes can change. This was certainly true for faculty. The effect of massive doses of "faculty development" paid off and soon most faculty were looking for ways to give gerontology a little extra time in nursing lectures and related experiences. Student attitudes change also. These selected comments from an open-ended question give some indication of this and encourage one to think that the care for elderly will be better in years to come.

> "...I feel I can best summarize my feelings about my preparation for the care of the older adult in diverse settings by saying:
>
> "elderly are special people who need very special care."
>
> "it is an area I would like to work at in the long run."

"It's amazing how my attitudes have changed towards the aging population. I'm so glad I had the opportunity to experience all settings, especially in their home."

"thank you."

"I can definitely see working with older adults."

"I am well prepared and competent to do so."

A third factor is too important to pass over. Very fine, reciprocal partnerships can be established with nursing homes that are mutually satisfying and fulfilling. Critical to this process is developing a trust relationship that helps mitigate situations that fall short of what one would expect. And like all relationships, this takes time and effort and should not be taken for granted.

Finally another critical and vital "lesson learned" is that projects such as this one can result in change in other schools. From the initiation of project activities, other associate degree nursing programs in the area were watching, learning, copying, and changing. The very fact that what was occurring at Shoreline was significant enough to capture the interest of the Kellogg Foundation seemed an impetus to other schools to reexamine their curricula, providing a head start on dissemination activities.

B. What are the most important lessons that you have learned from this experience?

Though not a new revelation, this experience has reinforced the fact that most new projects take more time and effort than one believes (or allows for) in the beginning. Budget management alone is time consuming and is distinctive from the traditional college budget management process. Program resources (human, time, and money) may be pushed as additional demands are presented.

Additionally, projects tend to take on different dimensions as they age and grow and some of the serendipity is as valuable as the goals set forth on paper. At the initiation of the project, it was impossible to visualize the total impact that would result.

If one were to be totally honest, it seems also that at times, there exists a dimension of jealousy or envy from faculty in other campus allied health programs or even from some faculty within the nursing program. Seeing only the glamorous benefits that can be realized by grant

funding, there may be a lack of understanding regarding the energy and drive needed to mount and carry a project through to a positive finish.

C. What recommendations would you make to other project directors working in this area or to the Foundation?

The recommendations would flow from the comments in "B" above. It would be desirable to "build in" to the project proposal absolute time for project activities - perhaps in actual salaried dollars for the Director. In-kind contributions on the part of the College may be a paper representation more than actual money or time provided, especially in these days of budget cut-backs in community college systems.

Project Directors might anticipate how they will deal with the issue of "project jealousy." Additionally, they will want to think of the techniques that can be employed to maintain the energy and momentum among faculty to continue to put forth the effort needed to reach the goals.

All in all, this experience has been worth more than could ever have been visualized at its beginning.